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## EDITORIAL COMMENT

### ARE WE SLACKERS?

Appeals are being made constantly from Red Cross headquarters for the enrollment of nurses for home service. The situation is rendered difficult for the reason that nurses who are enrolled in Base Hospitals are being held back to some extent, for foreign service, while many others are failing to respond because they are hoping for a chance to go abroad and desire to do that rather than volunteer for service in the cantonments in their own country.

The waiving of one of the requirements for enrollment in the Red Cross, that of membership in the American Nurses' Association, will make large numbers of nurses eligible who have been debarred up to this time. It will be remembered that as long ago as the time of the Minneapolis convention, in 1909, when the affiliation of the American Nurses' Association with the Red Cross was under consideration, the Association assumed the responsibility of providing the nursing service for the Red Cross, and in the working out of this affiliation, enrollment in the nursing service of the Red Cross has been limited to those nurses who were members of the American Nurses' Association through membership in their alumnae, city or state societies.

During this war period, membership in the American Nurses' Association is waived, but state registration, where it exists, is still required.

One reason given by nurses of all ages for not enrolling is that their families object to their serving. We want to say that if any woman is old enough to be out in the world supporting herself and perhaps helping her family, she is old enough to decide such questions for herself.

We wish to call the attention of our readers, again, to Miss Delano's report in the last issue of the JOURNAL, which showed that during this war period the age limit is abolished so that older women who are in vigorous health may be enrolled for home service. It is going to be possible, also, for nurses from the smaller hospitals to be recognized under certain conditions.

Returns which are coming in from the survey of nursing resources being made throughout the country, show that a comparatively small proportion of the registered nurses, in the twenty states that have reported, are enrolled with the Red Cross. The percentages vary from 13 $\frac{1}{4}$ , which is the lowest received, through 7 and 8, which are the most common, to 32 and 41, the last being to the credit of the District of Columbia.

It is very evident that one of the war-time economies being practised in numberless homes, perhaps as a result of the Home Nursing classes, is that women are taking care of their own sick in cases of moderate illness. Fifty per cent of the nurses of the country should be enrolled for Red Cross service. This would leave, we believe, a sufficient number to meet the need for cases of serious illness. It is not a credit to the profession that Miss Noyes has to leave her important position in Washington and travel over the country to stimulate enrollment.

There is no reason why, if nurses will wake up to their responsibility, the nursing situation both here and abroad should not be met with perfect ease. We know from our own community and from reports from other cities, that there never was a time when there were greater numbers of idle nurses.

Do not let it go down in history that when the young men of our country were called into service in defense of the democracy of the world, the nurses held back, because of financial reasons or because they shrink from the hardships of war service.

#### ADVANCE STEPS IN NURSING EDUCATION

We have already commented upon the decided effect of the appeals coming from the Committee on Nursing to the high school and college graduates in increasing the number of applicants for nurse training schools. The latest bulletin of this kind to come to our notice is a circular being issued by the Education Department at Albany, N. Y., and sent to high school principals, with the request that it be read to the pupils and placed on the bulletin boards, which reviews the nursing situation in relation to the war and emphasizes the points that a young woman should consider in choosing a school of nursing. These are: size and character, teaching facilities, living and working conditions, standing and reputation, whether it is registered by the Board of Regents. The need of such a circular we know is great, from the letters which we are constantly receiving from young women all over the country, asking for information in regard to just such matters.

Everywhere, instructors in the nursing field are concerning themselves about the preliminary instruction for those pupils who are preparing themselves to enter schools of nursing. In the high schools of New York State, for instance, there are three types of courses



offered: Literary and Professional, Commercial, and Technical or Vocational. Members of the Genesee Valley League of Nursing Education in Rochester have been in conference with the superintendent of schools and some of the principals and supervisors, as a result of which an outline has been drawn up for a special course preparatory for entrance to schools of nursing. It is hoped that the approval of the Education Department at Albany may be obtained for this course and that it may be made a fourth one for high school students in Rochester who wish to select nursing as their future work. In making up this course, a selection was made of subjects being taught in the high schools at the present time, but they are rearranged. The committee was influenced to some extent by the prerequisite studies recommended by the Legislative Committee of the American Nurses' Association.

It was the opinion of one of the high school principals that the stumbling block to be overcome in inducing more young women to select nursing as their vocation, was the prejudice of their mothers, and that if talks could be given to mothers and girls together, much more could be accomplished. Members of the League are to speak to senior students in the grammar and high schools. Following these talks, groups of those who are most interested will be conducted through some one of the hospitals of the city and given a more definite idea of what the life there would be.

It is a curious coincidence that during this period when the League and the school authorities in Rochester have been in conference, an address on similar lines on The Education of the Nurse was given by Dr. Arthur H. Harrington of Howard, Rhode Island, to the graduating class of the Medfield State Hospital of Harding, Mass. To show how the same ideas are working in many minds, we quote from his address as follows:

With the thought in mind that it might be a practical suggestion to educational directors to introduce into high schools a course related to training schools for nurses, I have examined the curricula of a large number of representative high schools in various states, including Massachusetts. There seems to be in general in high school courses, particularly with electives which are offered, the requirements of a science course so that it would seem that a preliminary education looking towards the training schools for nurses might be arranged without that degree of differentiation which would cause complication in the high school courses. Let such studies or course be designated and known as preliminary to the vocation of nursing and attention thus aroused, and I believe that we would see more young women remaining through the high school course and subsequently entering upon training.

\* \* \* Might not a discussion between educators on the one hand, and leaders who are interested in maintaining the educational standards of our training schools on the other, be profitable in bringing about a concise presentation of the dependence of training schools upon high schools, and showing in what way the directors of high schools might aid in the preparation of the future pupil of the training school."

## CHINA'S NEED OF HIGHLY TRAINED NURSES

Dr. Harold Balme, superintendent of the Shantung Christian University Hospital, Tsinan, China, in a paper on *The Birth of the Nursing Profession in China*, which was recently sent us and which we note has since appeared in *The Canadian Nurse*, makes a very effective appeal to nurses to make their life work in that field. We cannot do better than quote the first and the last two paragraphs, with regret that space does not permit us to give the intervening ones which so clearly trace the history of nursing in that country and particularly in the Shantung Christian University Hospital:

Among the many dramatic changes which are taking place in China today it is difficult to find any which combines more encouraging elements than the birth of the new Nursing Profession; and, apart from the immediate claims of the war, it would be difficult to find, in any part of the world, so interesting a challenge and an appeal to highly-trained nurses in America which this movement embodies. It is not too much to say that the nurses who will be in China within the next decade will have the moulding of the nursing profession and the forming of true nursing traditions in their hands. Is it possible to contemplate a life service more truly worth while, or one which will affect the happiness and comfort of a greater number of people?

The war, which is rightly claiming our first thought and attention today, will not last forever; and if there is one lesson which it is teaching us more than another, it is to think of our responsibility and opportunity in world terms, rather than confine ourselves within the limits of our own country. There are times in the history of every great nation when more can be accomplished in a single decade than is usually the case in a century, owing to the peculiar susceptibility of the more thoughtful people to receive impressions and create traditions at such a time. Such an hour has now struck in China with regard to nursing, and there is a tremendous call for nurses of the highest possible training (especially administrative training) and earnest Christian character to give themselves to this unique task. And future generations will never forget their service.

## EFFORTS TO COMBAT TUBERCULOSIS

The National Association for the Study and Prevention of Tuberculosis set aside the week of December 2-9, as Tuberculosis Week. Tuberculosis Sunday, either the 2nd or the 9th, to suit the convenience of individual groups, was observed in more than 100,000 churches and other religious organizations, by a discussion of the question, What Have the Churches to do with the Tuberculosis Problem? The Association had prepared for distribution a sermon on Indifference to Tuberculosis and a pamphlet on Your Tuberculosis War Problem; it also distributed a prayer for Tuberculosis Sunday written by Professor Walter Rauschenbusch of the Rochester Theological Seminary. This makes the eighth annual ob-

servance of the day, the need for which is strongly emphasized in the reports of the medical examiners of our drafted men.

Their statements show that sixty per cent of those called to the new United States Army have been rejected by the army doctors for physical unfitness. For tuberculosis alone, from one to six per cent have been exempted, which means a sharp revision upward of previous expert estimates of the prevalence of this disease. On this basis, at least 200,000 of these men will be found to be tuberculous. Most of these cases, the experts declare, would never have developed had the preliminary symptoms been discovered and treated in time.

With these facts in mind, as well as those secured from a recent survey of Framingham, Mass., where 1700 men, women and children were examined, of whom 82 per cent were found to be suffering from various disease conditions, the Association placed greater emphasis than ever before upon the need of a National Medical Examination Day, which this year was observed on December 6. The purpose of these periodic examinations is of course to discover various forms of disease in the incipient stage.

The Association has also enlisted children in its campaign to improve the public health. Friday, December 7, was known as Modern Health Crusade Day, and was observed in many of the schools of the country by the Modern Health Crusaders, an organization of children now 100,000 strong. The principal object of this organization is to develop the physical welfare of the children through the giving of definite health chores, at least forty of which must be performed each week. These chores include the washing of hands before each meal, the drinking of a glass of water before each meal and before retiring, the brushing of the teeth twice a day, the inhalation of ten deep, fresh-air breaths daily, the playing out of doors or with windows open one half hour daily, sleeping ten hours daily with windows open, the cultivation of regularity in all physical habits, and the checking up of the number of full baths each week. Modern Health Crusade Day was devoted this year to interesting the children in anti-tuberculosis and public health work.

Our object in giving all this detail is that nurses everywhere in their work with men, women and children, may take advantage of every opportunity to help combat this dread disease.

## HOSPITAL FINANCE AS RELATED TO HOUSEKEEPING

BY MARY L. KEITH, R.N.

*Rochester, N. Y.*

From where does the money come to run a hospital? Some hospitals are financed by the city governments; a city may own and operate a hospital to care for the sick poor who are city charges, and the money comes from the general tax fund. Other hospitals are owned and operated by the county in which they are situated; it is now a state law that every county is required to provide care and treatment for its own tubercular cases. Some hospitals are financed by the state; those for the insane are examples of this kind. These types belong to the great class of public funds hospitals. Other hospitals are the medical departments of large universities, and still others, perhaps the largest in number, are private corporations or private enterprises. Such hospitals may or may not be endowed. A hospital adequately endowed does not solicit funds, but lives on the interest of money invested, usually a legacy which takes the form of a memorial. Other hospitals are humanitarian business propositions, every patient pays and the hospital must earn its own living. There are still other hospitals supported by voluntary subscriptions, wherein no patient pays. The majority of hospitals, not supported from public funds, use a combination of the other methods. Each has a small endowment fund, which partly pays expenses, each has an earning capacity as large as it can be made from paying patients, and each solicits money from friends to be spent in the care of free bed patients. There is really no such thing as a free bed patient, though one who does not pay for himself is so called. The cost of every patient is paid, if not by the patient, by some special fund or by some private subscription. If this were not so, hospitals doing free bed work would be in debt to the grocer, the baker, the butcher, etc.

The financial end of hospital work is one of a superintendent's important duties. It carries with it, first, the anxiety of getting or not getting money; next, the task of spending it wisely, and then the responsibility of the use or misuse of what is bought with the money. Often nurses do not know about the money side of hospital work, sometimes they do not care; in either case the hospital and nurses are both losers. There is a difference between spending hospital money and one's own money. A private individual may buy young duckling for dinner and it is nobody's business but his own. If young duckling is bought for the

<sup>1</sup> Address to the senior nurses of the training schools of Rochester, N. Y., part of a course being given under the auspices of the Genesee Valley League of Nursing Education.



hospital family, men directors, lady managers, or visiting doctors may rightly criticise the superintendent for spending on one dinner the price of three less costly dinners of equal food value. The private individual may eat bread without butter to counteract the extravagance of the duckling, but the superintendent may not withhold butter from her family. She is under obligation to supply a certain amount of fat in each day's ration and may not lightly break that obligation. Every penny of hospital money must be accounted for in black and white, and any expenditure may be censured by those in a position to do so. In my opinion, a full-time job for some one person, in any hospital of over 100 beds, is the buying, the dispensing and the *teaching* of buying, dispensing and using. Unfortunately, this full-time job is only part of what the average hospital expects of its superintendent, and for lack of some one's full attention to this work, the hospital gets but little coöperation from pupils who have not had an early training in home economics. We are being taught that our only real value is our social value, and I know whereof I speak when I say that the common good would be promoted by the use of knowledge and judgment in hospital finances as related to housekeeping.

Knowledge of food values is needed in both the cure and the prevention of sickness. In my opinion no hospital, however small or poor, can afford to be without a dietitian, who should be given as much latitude as she can use wisely. A dietitian, to do her best work, must do it under favorable circumstances; if she does not do her best work, the hospital does not get the best returns on its investment. We are too apt to complain when we don't like our food, too apt to say nothing when we do like it, and too apt to judge food by its acceptability to our palate rather than by its caloric value.

The food question this year has assumed proportions hitherto unknown in this country. It is a factor in winning the war, and has an importance other than in dollars and cents. A food commission is acting in this state, and it is our patriotic duty to follow the recommendations of that commission. We are being asked to have one or more meatless days, and one or more wheatless days each week, not to save money for those abstaining, for it is quite likely that the substitutes used will equal in money value the meat or the wheat; we are asked to abstain in order that the amount so released may be sent to our Allies and used for our troops across the water. Meat, wheat, fat and sugar are needed in France. Perishable articles are for home consumption. I know of a two-year-old who sits at table in a high chair and says with approval or disapproval, as he looks at his own and his neighbor's plates: "Mr. Hoover says you must eat everything on your plate." I suppose Mr. Hoover's idea is that if we eat what is on our plates, whether we want it or not, particularly not, next time we will be careful to take only the right amount. Anyone who

is familiar with the garbage pail of a hundred-bed hospital, knows that the saving effected by following this rule would run into hundreds of dollars annually. Lamb chops are 12 cents apiece; we have no business to eat lamb at any price. Lamb should grow into mutton before being eaten, meanwhile growing wool for soldiers' uniforms. Dried beef is 40 cents a pound, bacon 38 cents, pork 32 cents. All dairy products are scarce; feed is high and herds too few; many herds have been eaten as beef. Sugar is being shared with our Allies who also need our wheat. Shipping space is limited and wheat packs much nutritive value in small space.

Elimination of waste should be practised along other lines than that of food; surgical supplies, for instance: gauze, cotton, adhesive plaster, ether, alcohol, rubber goods, sutures, surgical instruments and needles; also in the laundry, pharmacy, and every other department. All waste, whether of time or energy or of the more tangible products, is a waste of money.

A bedstead costs \$10, a mattress \$10, a mattress cover \$1, 2 pillows \$4, 8 sheets \$12, 6 pillow cases \$2, 4 blankets \$12, 2 spreads \$3, 4 nightgowns \$4 (for the patient who uses the bed), 12 towels \$2, rubber sheet \$2, bedside table \$8, 2 chairs \$10, share \$20, making a total of \$100.

The \$20 is for a share in the utensils, such as bed pan, water bottle, the dishes and silver from which he eats, and the basins and tubs from which he bathes, bed rests, wheel chairs and ward equipment, making the initial cost \$100 per bed; \$1000 for 10 beds; \$2000 for 20 beds, etc. Please think of these figures and also that it would cost \$1800 to replace 1200 sheets, \$600 to replace 600 nightgowns.

The wear and tear is much greater than one would suppose on beds equipped with wheels. Wheels cost from \$3 to \$12 per bed. Bedsteads are rolled across the floor and are often shoved quickly over the door-sill, which process, many times repeated, bends the legs of the bed until they look like candidates for the orthopedic department. The enamel paint is knocked off by repeated contact with door frames. I estimate that the life of a bedstead which was once thirty years, is now about six.

Mattresses are ruined by using defective rubbers, and rubbers become defective by being creased and folded. Sheets, which now cost \$1.50 each, are torn and stained, and the wearing life is reduced one-half by too frequent washings. Anything said of sheets applies equally to pillow cases, spreads, gowns and towels, and even more to blankets; nothing ruins a blanket like the washing of it.

The laundry presents unusual problems. Due to the scarcity of dye material, bluing has advanced from \$2.75 a pound to \$9.50. Clothes washed without bluing soon acquire a grayish tinge, to which we soon may be accustomed if the price of blue becomes prohibitive. Bleach or washing

soda has doubled in price. Washings dried out of doors, when weather conditions permit, are whitened by the action of the sun. Institution clothes, numbering thousands daily, for reasons which are plain to you, cannot be dried in the open. Hence some mild bleaching agent is usually mixed with the soap to take the place of the sun's action. Laundry soap, which used to be 4 cents is now 24 cents. I know no substitute for soap, and no way in which clothes can be washed without soap, and I can only suggest that we use less linen and therefore wash less. I do not approve of the lavish use of linen in our public wards. Lavishness of any kind is out of place in a public ward. I think the amount of clean linen used in our public wards could be cut down one-half without lessening our efficiency, and I think it should be done. Water, being neither an import nor an export, will probably not soar beyond our reach in price, though it costs money to make it hot. As it takes less soap to keep the body clean than it does to wash linen after being soiled by the body, I would suggest that well people might keep their bodies more than ordinarily clean and send sheets, nightgowns and underclothes half as often to the laundry.

In addition to machine work, each plain article laundered is handled thirteen times between leaving the ward, soiled, and returning, clean; to the laundry, sorted in the laundry, put in the washer, out of the washer, in the extractor, out of the extractor, shaken out, into the mangle, out of the mangle, folded, to the linen room, sorted, to the wards. Double clothes, like dresses or gowns, are handled fifteen times, on account of going in and out of the dryer; starched clothes go in and out of the starch tub, extra, making seventeen in all. Our laundry averages 6000 articles a day; think of the monotony of handling each article fifteen or more times every day. Laundry workers hear many complaints about articles lost or torn and they seldom come in contact with the people who are pleased with their work. I believe we are not considerate enough of our laundry workers; it is true they are paid to do this particular work, but it is also true that, like the rest of us, they do not live by bread alone. Commercial laundry men have associations, local and national, they have their own publications: one with which I am familiar, called *Suds*, is well worth reading. Perhaps instruction could be given in the hospital laundry on the chemical action of soap, the mechanism of the machinery, something about the texture of cloth, and anything else, including the germ theory, that would lift laundry work out of the commonplace. That it is considered menial is borne out by the well known phrase, "Let him wash his own dirty linen." Exhaustion from monotony is not confined to the laundry, it catches the executive offices. Like the farmer who plants winter rye and ploughs it under to fertilize worn-out soil, I believe we should reach out for something of contrast that is worth while, and plough it under to increase our efficiency.

The engineer has his troubles, too. It takes coal to produce heat; coal is high and coal is scarce. A French four-story hospital had only one small coal stove last winter, and that was in the hall on the first floor. For three tons of coal to feed this small stove, the proprietors paid \$100. We understand now why pictures of the French soldiers in bed show them in caps and sweaters. No fires were built in the public school houses of a certain city in Massachusetts during the month of September; parents were notified through the newspaper that children were to wear their sweaters and that on an occasional cold day, school would be dismissed rather than to light fires. The engineer's problem is harder than ever, and we should help him in severe weather by keeping doors and windows open for ventilation only, and we may come to heavy underwear. It certainly is unreasonable to expect to sit by an open window lightly clad and be kept warm, when the temperature is freezing outside, and coal is needed to keep munition factories open.

We pay for our electric light by the amount of current burned; the amount would be considerably reduced if we turned on light only as we needed it, and turned it out when not needed. The loss and breakage in bulbs is also considerable. A 25-watt lamp costs 22 cents and under favorable conditions will burn for 1000 hours. Every bulb broken before its time limit expires, is a waste of money. If every bulb issued were dated, we would find how few burned their allotted number of hours.

Those of us who were born at the close of the Civil War, remember the war-time economies then in effect. We who lived in the country remember how apples were used for pies, for sauce, for baking, how those not suitable for winter use were dried in the sunshine of our own yards, how the parings were made into jelly and the siftings were saved for the pigs. We remember that every family kept a pig and killed in rotation, distributing fresh pork among the neighbors, receiving a like contribution when said neighbors killed in turn. We remember that rags were sorted into white, colored and woolen, that the straight, full dress skirts of those days were turned hind side before and upside down, that sheets were turned, to bring the good parts in the center and the worn parts on the edges, that basting threads were saved, and that stiff paper was twisted into lamp lighters, which saved matches by being lit from the living room stove. These particular habits of thrift may not be practiced in this present war, but the underlying principles are the same, and the practice of these principles is being daily put into active operation.

Laborers are scarce. With children in Belgium starving, I am told that grain rotted in western fields for want of men to harvest it. In a neighboring town, \$5 and \$6 per day did not bring pickers for the peach orchards, and peaches were offered for 25 cents a bushel to anyone who would gather and carry them away. With such competition, it is not



strange that our kitchens are short of help and that our halls go unscrubbed. Probably these conditions will grow steadily worse as more men are called into military service. I have a sixteen years' acquaintance with one of the department heads of a wholesale concern. In the past he has often gone abroad to buy, and his time spent in the home plant has been too valuable for an individual customer, except in case of a large or an important order. Yesterday this high official had lost his subordinates through military draft or transfer, and was, himself, unpacking cases and showing goods over the counter to would-be buyers. It certainly behooves us to install any labor-saving device, such as meat-choppers and cake-beaters; to cook by gas, to abolish the labor of firing; to serve dining rooms on the cafeteria plan, and to utilize any scheme that will conserve human time and energy.

In these anxious times money is flowing into the channels of the Red Cross and Y. M. C. A. work, where it is so much needed; but hospitals cannot care for the civilian health or educate nurses whom the Red Cross needs, if money is diverted from them. We must give a good account of ourselves and justify to others the demand for continued support. As no machine yet devised can give personal service to the sick, the hospitals should specialize on personal service, make it a best-seller. The hospitals that give the best personal service have the longest waiting lists. The sick are more than normally susceptible; a frown or a quick word makes them our enemies, and conversely, being susceptible, a smile has unusual value to them, so have gentleness, patience, kindness and thoughtfulness. Personal service makes friends for the hospital. Friends are the best financial asset a hospital can have. The hospital needs friends, the hospital needs funds. Friends and funds go together.

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Under the Red Cross Nurses' Bureau, the first of a series of conferences of head nurses of the American base hospitals was held recently in Paris. A plan has been worked out with the army by which the Red Cross will keep on call a reserve supply of nurses and will maintain a nurses' home at which those who become worn out or partially sick in the service can recuperate. The general purpose is to make sure that, whatever befalls, the Red Cross will be in position to keep the Army supplied with nurses in good physical condition. Incidentally, the Red Cross is standardizing and supplying winter clothing for the nurses composing the units which reached France and England in the spring.

Experiments are being made in the matter of diet kitchens. In innumerable instances, a very sick man can be saved by some delicacy or some especially prepared diet, and no matter how good the army ration is, there is seldom anything in it that will tempt him to eat. The Red Cross will supply the necessary apparatus and furnish materials from its stores.—From a series of articles entitled, *An Interpretation of the American Red Cross*, by Paul U. Kellogg, in *The Survey*.

## TREATMENT OF BEDSORES WITH RADIANT HEAT

BY ANNA V. RUTHVEN, R.N., AND EHYL M. SPENCE, R.N.

*Wilmington, Delaware*

In our training-school days we were taught that bedsores were the result of carelessness, and the nurse who allowed any patient to develop one was in lasting disgrace. All experienced nurses know that this is not exactly true, for there comes a time in their career when it is absolutely impossible to combat successfully these painful conditions. Incontinence, involuntary urination, and profuse perspiration, together with the lowered resistive powers which always accompany such conditions, add to the danger. In prolonged illnesses, such as paralysis, serious fractures, and cases where much movement is impossible, you might as well use your usual remedies on the door knob as on the patient's back.

Having such a case, the patient being eighty-six years of age and paralyzed, we started with the routine treatment: alcohol and a good drying powder. It is to be remembered that he was also troubled with excessive and involuntary urination, requiring frequently to be changed every hour or oftener. During the first few days, he developed that eruption familiar to all who have nursed many cases of paralysis. One of these welt-like ridges broke open. We used every remedy possible, but without much success. We were able to hold it in check, but that was all.

One day we got a small Simplex heater, as the patient would chill easily, before it was time for furnace heat in the house. As the bed was a spacious one, we would put the little heater on the bed while bathing him, to keep him warm. Occasionally we held this to his back. It seemed to soothe and rest him more than a hot water bottle. Almost immediately we noticed the effect upon the sore. Deciding that the electric rays were the cause of the improvement, we called the doctor's attention to it, and as he advised our continuing their use, we applied them on an average, every two hours, sometimes oftener. The recovery was wonderful! In ten days, the sore which had been bothering the patient for weeks was entirely healed. A second sore which had appeared on one hip healed as quickly.

Considering the age of the patient and his general condition (after seventeen weeks in bed his back was as clear as a healthy infant's), we are inclined to think of radiant heat as a blessing straight from heaven, and advise all to try it on their next chronic case. The doctor expressed himself as pleased with this method and considered it a perfectly proper nursing measure, in no way interfering with his domain.

As a preventive measure, radiant heat is equally good. Apply the

rays three times a day for twenty minutes, rubbing the back gently and all your worry with bedsores will be over.

There are various arrangements which can be bought. We are familiar with the Simplex heater, a little stove which serves two purposes, as it keeps the room snug and warm when not being used for treatment. (The current is exposed, but the stove is perfectly safe if used carefully.) Another apparatus is composed of several electric lights in a tin case reaching the length of the spine. (This is used in the Battle Creek Sanitarium for nervous cases.) In families where every penny counts, a common electric light with a long cord and a shade will do admirably. It is hardly necessary to state that the patient's bed must be entirely free from moisture to get the best results.

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#### EXERCISES FOR WEAK FEET

In the correction of weak-foot the thorough practice of personal hygiene all along the line is of great importance.

There are no mysterious foot powders that exert magic influence in keeping the feet in good condition. If the feet are bathed daily and properly cared for and well-fitting shoes and socks or stockings worn there would be no need for foot powders except in a limited number of cases of skin trouble or excessive perspiration. None of these powders contain marvelous curative virtues. They are for the most part composed of starch, or boric acid with a little salicylic acid added, ingredients which can be procured from any druggist for a few cents. Equal parts of starch powder and powdered salicylic acid form a useful dusting powder for offensive perspiration. Talcum powder with 10% boric acid and 3% salicylic acid forms a good foot powder.

The following exercises will be found most helpful in the prevention of cure of flat-foot:

Stand with the ball of the foot on the edge of a board or table, or similar structure, so that the toes may be bent freely downward. Bend the toes up and down over this edge, 30 times, twice daily.

While standing on a flat surface lift the toes 30 times.

Separate the toes 30 times by use of the foot and toe muscles. This may require some assistance with the hands until the trick is acquired.

Stand with the back to the wall, heels on the ground and against the wall. Raise the front of the foot as far as possible, 30 times.

Rest on the inner margins of the feet. Curl the toes inward and backward under the feet as far as possible, 30 times.

Stand erect and extend one leg 30 degrees forward and describe a circle in the air with the toes, working them from without inward.

Sit in a chair, and with the feet free from the floor, describe circles with the toes, working from without inward, carefully toeing in.—From the Monthly Health Letter, issued by The Life Extension Institute, Inc.

## REMARKS ON INFECTIONS

BY EDITH D. HERTZLER, R.N.

*Halstead, Kansas*

Discussing the subject of infections with a group of nurses, recently, I was not a little surprised at the general lack of information regarding the danger arising from opening infections within the nasal cavity. On further consideration, it developed that the failure to recognize the gravity of an infection in this location was due to a vague conception of the anatomy of this region. Many nurses on completing the prescribed course of training in a training school, and having passed the state examination, promptly shelve their text and reference books, and unless engaged in a teaching capacity allow their interest in first principles to flag.

"Why, a little infection in the nasal cavity seems such a small thing to consult a doctor about," one nurse remarked. Unfortunately it is one of those little things attended with great results, sometimes, especially in the hands of the inexperienced. Since the aforesaid nurses were progressive, representative members of the profession, it is not illogical to conclude that many others in various parts of the country may likewise be uninformed of the gravity of infections in this location.

If the blood supply to the part is borne in mind the danger is readily appreciated. The angular and facial veins, the latter a direct continuation of the former, supply this region. The angular vein has its course downward and outward on the side of the root of the nose; on its inner side it receives the veins of the *ala nasi*, on its outer the *superior palpebral*. It communicates through the ophthalmic vein, with the cavernous sinus.

The facial vein begins at the side of the root of the nose. It is not pertinent to this paper to follow the course of this vein to where it empties into the internal jugular, but it is important to remember that it communicates freely with the intracranial circulation. The facial vein lacks the flaccidity of most superficial veins, it has no valves and because of its patency, septic absorption is especially apt to occur. Keeping these facts in mind, it is easy to understand why infections in this region are attended by serious, even fatal results, when improperly treated.

Another grave evil not always given due consideration is the condition called pyorrhoea alveolaris. That the treatment is not understood by all dentists the following will illustrate: A nurse came to me with the lament that her dentist had advised extraction of several teeth as a cure for pyorrhoea! Not being familiar with the varied disturbances traceable to this disease and also because of an unwillingness to give up perfectly good teeth (they were not loose, but the gums were inflamed and bled



easily) the condition had been allowed to go untreated for some months. After the resulting evils were explained, no urging to consult a specialist was required! The disease yielded promptly to treatment and the teeth were saved.

For several years investigators have sought to establish relationship between Rigg's disease and various systemic disturbances, particularly certain chronic or recurrent arthritic affections, anemias of obscure origin, etc.

A surprisingly large number of graduates, I find, have not kept well informed on another prolific source of local and systemic disorders, the faucial tonsil. It is generally conceded now that articular rheumatism is frequently the result of a primary infection of the tonsils.

Many investigators support the theory of the tonsil as an etiological factor in cholecystitis, ulcer of the stomach and duodenum, acute thyroiditis, goiter, etc.

It may be argued that a knowledge of the diseases mentioned in this paper, lies without the nurse's province. But who will say her value as a citizen to the community in which she lives, will not be augmented by such knowledge, or that the enlightened nurse, other things being equal, is not the most successful one?

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#### JAPANESE FLOWER ARRANGEMENT

In these days when the preparation of the pupil nurse for the details of her profession is given proper attention, one of the refinements has been overlooked. The greater number of our nurses enter the field of private duty nursing. Therefore much attention is given to perfecting these young women in the general care of patients, that they may be able to meet any emergency. Why should we not give them lessons in overcoming annoyances? An annoyance that confronts all nurses is the arranging and caring for cut flowers sent in by friends of the patient. How many times have we heard in the hospital, "What shall I do with these flowers? They cause more work than the patient!" Or, "I just hate to see a messenger with flowers." This is a wrong but quite natural attitude. Many sentimental lay people would quite agree with these nurses if they were burdened with quantities of flowers in a small room where a sick person needed constant attention.

A few lessons in Japanese flower arrangement, given by some expert from the outside, might change the duty of arranging flowers from a burden into a pleasure. The natural love of flowers would be developed instead of being turned into dislike, as is too often the case now, and an interest would be stimulated which would lead to competition among the pupils.

There is too little of beauty in the average training school, and we could well give a little time on our programme to the consideration of the flowers that mean so much to the patients.

Denver, Colo.

ELIZABETH SHELLABARGER.

## WORK DONE BY THE AMERICAN NURSES IN PARIS IN 1914

BY CAROLINE E. ROBINSON

*Annapolis, Maryland*

As superintendent of the American Hospital of Paris when the war commenced, I would like to speak of the work done for the Ambulance by the American nurses who were in Paris at that time. Many articles have been written of the work done by the doctors and the men and women of the American Colony, but that done by the nurses has been overlooked. It is a recognized fact all over America that no matter how capable a Board of Governors may be, or how skillful a medical board, a hospital must have a well trained staff of nurses to be complete. Following is a list of the nurses of our staff and of the American registry who formed the nursing staff of the Ambulance and made it possible for that institution to be opened with American graduates in charge. Hospital staff: Miss Rude, my assistant; Miss Doane, head nurse of operating room; Miss de la Cour, New York Hospital, New York; Miss Fogarty, Miss Johnston, St. Mark's Hospital, New York; Miss Powers, St. Joseph's Hospital, Philadelphia; Mrs. Leach and Miss Beel, London Hospital; and six pupil nurses: the Misses Hjelm, Wodhams, Pulford, May and Isabelle de Cairos, and Haasé.

We immediately commenced making dressings, as our board wished to organize a section for the wounded.

A registry for American nurses had been established at 15 rue Petriarque, more than a year before the war, making it convenient for Americans coming to Europe to secure nurses trained in our large hospitals. When war was declared, I telephoned to Miss Buckley, who was in charge of the registry, and asked her how many nurses would volunteer their services, if we started an Ambulance. The following nurses volunteered: Miss Buckley, St. Luke's Hospital, Utica, N. Y.; Miss Devereaux, Miss Mewhort, New York Hospital, New York; Miss Willingale, Miss Wood, Miss Tobias, Miss Metcalf, Miss Skidmore, Miss Lindsay, St. Luke's Hospital, New York; Miss Miller, Miss Taylor, Presbyterian Hospital, New York; Miss Haack, Roosevelt Hospital, New York; Miss Lawler, Post Graduate Hospital, New York; Miss Page, Kings County Hospital, Brooklyn; Miss Kinze, Baltimore Hospital; Miss Drew, Chicago Hospital; Miss McHenry, Women's Hospital, San Francisco. Miss O'Toole and Miss Sliny, Boston City Hospital, nursed there during the war. Miss Biglow, Presbyterian Hospital, New York, came to the Ambulance as soon as it was possible to leave Belgium, as some of our nurses had gone there immediately after war was declared and remained as long as possible. Miss Hews and Miss Daly were not members of the registry, but volunteered their services and nursed there for some time. A number of nurses from



THE AMERICAN AMBULANCE HOSPITAL

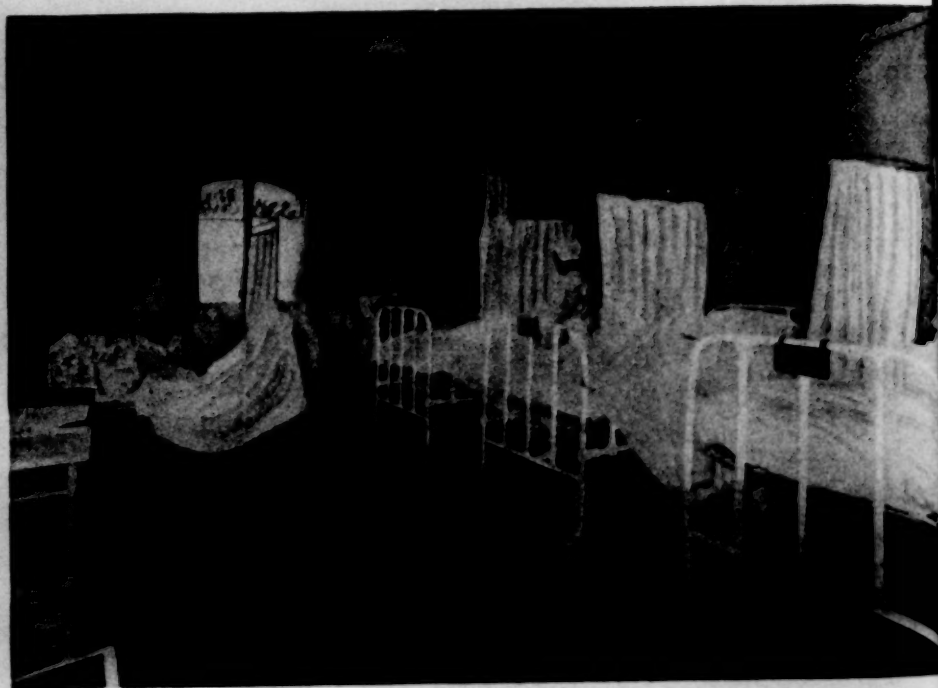


SUN ROOM

*View from the Park.*



**VIEW FROM THE PARK**



**A WARD**



the English Registry, directed by Miss Kirkham, also volunteered and did excellent work, Miss Hall, Miss Wright, Miss Curfey, and many others.

Each morning, for five weeks, I gave classes in practical work to some of the ladies of the American Colony, and in the afternoon taught them how to make dressings, assisted by Miss Rude, Miss Doane, of our hospital, and Miss Wood of St. Luke's Hospital, who also assisted Miss Doane with the extra work in the operating room.

The Lysée Pasteur, a large building near the hospital, was given to us as an Ambulance, but as it was not finished it was several weeks before we could take possession, so the furniture and other things for the Ambulance were stored in some of the rooms in our little hospital, 44 rue Chauveau, and the work was done there. As soon as it was possible to commence work at the Ambulance, the nurses came during the day and worked there, preparing the wards for patients, having their meals at our hospital and going home at night.

The Ambulance opened with Miss Devereaux, superintendent of nurses, Miss Lawler, night superintendent, Miss Doane and Miss Wood, operating room nurses, the remaining nurses were in charge of the wards, and Miss Salt was in charge of the diet kitchen. Miss Devereaux remained in charge for six months, and was succeeded by Miss Willingale, who remained for nearly a year.

Only doctors and nurses can realize what an undertaking it was to convert a large building, intended for a school house, into a hospital, in a few weeks. First, it was necessary to make a list of supplies needed for the operating room; beds, linen, ward supplies, diet kitchen, medicines all of which was done in the little hospital. Then came the work of buying these supplies and arranging them in their places. As our hospital had only forty beds, we could not supply as many things as were necessary for the Ambulance, but we did our best, and every little helps. We loaned our two dressing carts (for months we carried our dressings on a tray from the kitchen), bath tubs, beds, pillows, instruments, rubber goods, and everything that could possibly be spared from our hospital. We did all the sterilizing until a new sterilizer was installed, and all the laundry work until the Ambulance grew so large that we were unable to do it. Even now our laundry works both day and night, and as my room was near it, I became accustomed to the sound of the machinery and could always tell when they had forgotten to oil it. But even machinery refuses to work day and night without a rest, so we were compelled to stop it one night a week. We also supplied the medicine for a few months, until a pharmacy was organized. As it was a surgical hospital it did not require much.

The nurses of our hospital also did their part. Miss Rude gave all her extra time, as she was unable to leave our hospital. Miss Doane, our operating room nurse, has been in charge of the operating room at the

Ambulance since it opened, and is still there. Miss Fogarty, Miss Johnston, Miss Powers and Miss Beel nursed there for some time, as we were not very busy in our hospital,—the Americans were leaving Paris as quickly as possible and did not have time to be sick. They were thinking only of getting home.

Our pupil nurses, class of 1916, were also enthusiastic workers. Miss Pulford and Miss de Cairos assisted in the operating room when we opened it, Miss Wodhams and Miss Haasé were on night duty and later Miss Hjelm was night nurse in the operating room, as we found it difficult to have the work finished before midnight and I did not care to have our two pupil nurses remain so late on duty each night. Miss Isabelle de Cairos was on day duty. Each pupil nurse was on duty for four months, besides the extra time they gave while in our hospital. The members of the class of 1917, consisting of Misses Valentine, Connolly, Marchand, Sharpin, and Wright, have each nursed four months at the Ambulance, especially in the operating room.

I was very pleased with the work done by both classes, as they were young both in years and experience, but they proved of great assistance to the graduate nurses in their difficult work, and I hope they will be as successful in their future work.

During the first few months the work was most difficult, for we had not the proper supplies, only one small gas stove to sterilize all the instruments for the dressings and such a long distance to walk to get the supplies from the operating room. It reminded us of our probation days.

Even the superintendent of nurses did not have an office, only a desk in the hall, and after two or three months a small room, only large enough for a desk and two chairs, was partitioned off a dark corner of the hall. It always reminded me of the box that contains a Punch and Judy show. But no matter what it resembled or how inconvenient it was for the nurses, it did not prevent them from doing the work that has been so much appreciated by their patients.

Although there were not enough nurses and the weather was warm, these things were forgotten when the wounded arrived after the battle of the Marne. No one could think of herself in those days and I can never forget what these nurses have done. After working hard all day, the wounded would arrive in the evening, and I have seen them many times at 2 a. m. still busy in the wards, some remaining on duty all night with operative cases who could not be left alone, and yet they would be in their places in the morning.

With the taking over of the Ambulance by the Red Cross, the nurses who had been working in Paris were replaced by Red Cross nurses from the United States.

## MEDICAL JURISPRUDENCE

BY HENRY MONROE MOSES, M.D.

*Brooklyn, New York*

*(Continued from page 196)*

*Liability of hospitals for negligence of their attendants.* The courts have made a distinction between the liability of private and public charitable hospitals for damages for malpractice, holding the former liable in damages for the negligence of its attendants, while the latter are only held liable to their patients for the failure to exercise due care in the selection of its agents. The reason for this distinction is that the latter institutions have no capital stock, no provision for making dividends or profits, and whatever they may receive from any source they hold in trust to be devoted to the object of sustaining the hospital and increasing its benefits to the public by extending or improving its accommodations and diminishing its expenses. Their funds are derived mainly from public and private charity; their affairs are conducted for a great public purpose, that of administering to the comfort of the sick, without any expectation on the part of those immediately interested in the corporation of receiving any compensation which will enure to their own benefit, and without any right to receive such compensation.

The application of these principles is important in nursing. The nurse is expected to possess ordinary skill and knowledge of the principles and practices of nursing. She must use reasonable care and diligence in looking after a patient. She can be held responsible for giving the wrong medicine if injury results, for lack of reasonable care could easily be shown. Reasonable care and diligence include the consideration of many apparently small and trivial matters, but nothing in the care of a patient is too insignificant to notice. Attention to detail determines success.

In the nursing of infants and children, it is of the greatest importance that the ordinary rules of cleanliness and hygiene be most implicitly carried out. It is the duty of the physician to give the first care to the eyes of the child at birth, and to watch the child while under his observation, but the necessity of after care is apparent and this is an important part of the duty of the nurse. Absolute cleanliness is imperative, and in institutions, individual outfits for each child are absolutely essential. The occurrence of vaginitis in children, especially in institutions, is most unfortunate, and here the nurse must use the greatest care in the toilet of each child.

A nurse must be as careful in the prevention of the spread of infectious and contagious diseases as is the physician, and in the care of

patients with infectious wounds, or the sores of infectious conditions. The family of the patient must be protected from danger of infection.

The greatest care should be exercised in using the catheter, for it is easy to cause a cystitis in a patient; it is painful to the patient and sometimes it is difficult to explain any other cause for the cystitis.

The patient should be prevented from doing injury to himself or herself. A delirious patient has to be more closely watched than a rational one; it always reacts most disagreeably upon those caring for a patient to have him break a bone by falling out of bed, or to have a delirious pneumonia or typhoid patient jump from a window. Although this is not always due to lack of care and attention, it is most unfortunate to have it happen. A child should never be left so that he can fall from a table, or from a chair, or so that pillows may fall upon him and smother him; this has happened many times. Children have been killed, accidentally or otherwise, by being rolled upon while in bed with the mother or some other person.

The subject of burns is one of great importance to a nurse, not only in hospital practice, but also in private work. There are many ways in which the patient may be severely burned and these ways should always be kept in mind by those caring for a patient. Patients have been painfully burned by allowing mustard pastes to remain too long on a part; it is always embarrassing to remove a mustard paste and find a blister which is often slow in healing. Burns may also follow the use of hot water bags and are inexcusable. Cupping, when improperly performed, may result in burning the skin of the patient. Care must be exercised in giving hot packs to see that the patient is not injured. Burns may result from the use of some of the electrical heating appliances, and we should always be on our guard against these. In giving the patient a bath, never leave her in the tub with running hot water and go out of the room. Patients have been severely scalded, sometimes scalded to death, in this manner. Steam baths and vapor baths must be carefully watched so that the patient will not be injured.

As stated by the Supreme Court of Pennsylvania: "It is a flagrant crime at common law to attempt to procure the miscarriage or abortion of the woman, because it interferes with and violates the mysteries of nature in that process by which the human race is propagated and continued." This question is now regulated by statutes in the several states which specify what acts shall constitute the crime. In the majority of the states these statutes fail to draw any distinction between the commission of the offence, or attempt at commission, before and after the quickening of the child. Legally, abortion is defined as the act of miscarriage or producing young before the actual time and before the fetus is formed, and to cause or procure an abortion is to cause or procure this premature



bringing forth of the fetus. Miscarriage and abortion in their legal and popular sense are generally held to mean the same thing. Feticide is also used to mean criminal abortion.

Under the statutes, any person who unlawfully supplies, administers to, prescribes for, or advises and causes to be taken by a pregnant woman any drug, poison, substance or anything, or unlawfully uses or causes to be used, any instrument or other means whatever with intent to cause or procure an abortion, is a principal. Any person who in any manner aids, abets or assists the woman or any other person to procure abortion is an accessory or accomplice. All parties concerned in the offense are responsible, whatever may be the part they take.

The nurse should never take part in an illegal operation in any capacity, and she should remember that to give aid in any way to the performance of an abortion makes her equally liable with the one who actually performs the operation.

Do not suggest medication or modes of treatment to people; this is in a way practising medicine and is illegal. It is sometimes hard not to tell people what to do, but always remember that those who are most ready to accept advice, especially free advice, are the most ready, if injury results, to seek redress at law.

A nurse is not compelled to accept any patient, and she may discontinue a case if there is a good reason. She does not have to accept insults, or abuse. It is often necessary to use much tact with a patient and she should remember that a delirious one may be more difficult to handle than a rational one. Avoid anything which would tend to cause jealousy in a family. A patient's family frequently becomes very unreasonable, without cause, when a nurse is in the house. If the nurse has any reason to complain, she will frequently find that with a few words to the physician in charge of the case, he can make things much more satisfactory. Never leave a patient without having the physician know of your desire to leave, and then give him time enough to obtain some other assistance.

The rules and regulations of the Board of Health must be observed. These rules are made for the benefit of the community and the feelings of the individual cannot be considered when the interest of the community is at stake. Cases of reportable diseases should be reported and all necessary precautions must be taken to prevent the spread of such diseases. The Board of Health has authority to enforce its regulations; we are not only legally bound to prevent the spread of disease but morally. Do not use your own judgment in reportable cases, but conform to the legal requirements.

## JUST ONE

BY MARY BOYD

*Buffalo, New York*

Dr. Stanton passed a woman on the stairs. He didn't know her; he didn't notice her. That she might be an important factor in the case he was approaching, never occurred to him. She was just a woman. Having reached this somewhat obvious conclusion, and also the top of the stairs, he entered the house.

Being asked to wait a few minutes in the living-room, he occupied himself with a review of the facts of the case. His patient, Miss Wayne, capable little nurse that she was, seemed rapidly approaching a nervous breakdown. She had asked him to authorize her to give up her position, that of graduate superintendent of a society which supplied practical nurses. Her duties were to interview the women and to supervise their work. The salary was comfortable; the work was not arduous; yet she wanted absolutely to drop it.

The good doctor's reflections were interrupted by the brisk entrance of Miss Wayne. Her trim and attractive appearance hardly suggested her condition, though there was a strained, harsh note to her low voice and a tired look in her blue eyes. She greeted him, then turned at once to the important subject, as was her way.

"I suppose you wonder why I wish to resign."

The doctor wondered, but hoped the objection to the work might be adjusted.

"The objection is the tragedy of the practical nurse," Miss Wayne affirmed somberly, "would you care to hear about it?"

"Er—yes." It sounded to Dr. Stanton like the title of a dime novel, but he thought it wise to listen.

"Do you realize that every practical nurse represents a tragedy?" questioned Miss Wayne, and without waiting for him to reply continued, "They'd all like to do something else, something greater. Most of them are middle-aged; too old to learn any trade properly, they turn to practical nursing. Nursing! Any one can be a practical nurse, the only requirement is feminine gender, and perhaps that is why only those who can do nothing else, nurse.

"Those are the people I must work with. Sickness I might cure or relieve, but these women I can never hope to help. I can't give them education; I can't give them hospital training; nor can I take away the handicap of their years or the burden of their dependents, so that they may help themselves to get that needed training. I can merely give them work,—hard, uncertain, and with no future.

"For instance, take the worker that left as you came in. Mrs. Rumbal came to me three years ago. She was a big, strong, illiterate woman with some years of experience. Her son was being trained for a doctor and she expected to be able to give up her work when he graduated. Jim was a good boy, but as he was putting himself through school, his mother was forced to support herself and her little daughter, Dolly. The latter, who grew up without the mother realizing it, was "kept" when her mother was on a case, by the landlady. I saw her some time ago. She was a pretty, dark-eyed girl. Meanwhile the boy had graduated. Mrs. Rumbal gave me his picture and invited me to the exercises, which I did not attend. She told me she could now stop working as Jim would take care of her and Dolly. But Jim conceived the idea of going over to France for Red Cross work. His good mother consented and sent him away with her blessing. Also, she put off her resignation. I sent her out on cases, and for a time she was busy and happy. She regularly got letters from her son, and never a patient but heard all about *the* doctor in France.

"Then Dolly disappeared. Mrs. Rumbal visited and asked the advice of her priest, the head of a detective agency, a spiritualist, and myself. None of us could give her much assistance. At last she decided to tell her son, from whom she had kept the news. She wrote him that Dolly was probably murdered, which was, indeed, the only construction she put on the continued absence. Finally Dolly came back. Within the month she was dead. Mrs. Rumbal used her savings to give Dolly a wonderful funeral.

"There is such a thing as rock bottom, which I thought Mrs. Rumbal in her trouble had reached, but she hadn't. For a time her life kept at an even tenor. Her emotions alternated between grief and loneliness for Dolly, and pride and loneliness for Jim. Once his letter mentioned an infected finger. The next letter was written by the chief surgeon. Jim had died for France. The poor creature worried about his funeral. I assured her he would be buried with honor."

Here Miss Wayne paused, sighed, and stared straight before her, and more to relieve the tension than to hear any new calamities, Dr. Stanton asked, "Is that all?"

"No. To-day she came to tell me that her eyesight is failing. I shan't worry over Mrs. Rumbal much longer, but she's just one of my nurses. Do you wonder that I'm worn out after four years of dealing with Mrs. Rumbals?"

"I don't," agreed the doctor. "By jingo, I don't. I'll tell you,—how about your taking a good long vacation?"

## WAYS OF ENTERTAINING CONVALESCING CHILDREN

BY ADDIE SCHULTZ, R.N.

*Omaha, Nebraska*

It is not at the really serious stage of an illness that the mother or nurse in charge of a sick child finds the work most arduous. Great as may be the anxiety at this early time, there is none of the wear and tear that come later, when the small boy or girl begins to recover and look for entertainment.

How many a loving but tired mother has racked her brains for some new amusement that will keep the little one cheerful, without overtaxing his strength! All the old toys have grown tiresome, and he wants something new.

One way to interest a child is to make up little games or tell stories in which he has to take a part himself. Tell him, for instance, to think of all the animals he can whose names begin with "A," and that you will tell him a story about each of them. Then he must find all beginning with "B," and so on through the alphabet. This can be a collection of very simple stories, and yet be made interesting for many hours.

Another unfailing source of interest to a boy is cutting rows of soldiers out of paper, making often quite an army. There need not be any great accuracy in the cutting; just fold the paper several times and show him how to cut out a figure with some resemblance to a man. His imagination will do the rest, for children always enjoy "making believe."

In the case of a little girl, this amusement may be varied by cutting out ordinary men and women instead of soldiers, and having parties, weddings, and other society functions.

A child with artistic tendencies will find different colored papers most entertaining, and will gladly spend much time in combining colors and shapes.

Some children enjoy very much the stringing of colored beads and making chains of squash, pumpkin and watermelon seeds that have been saved and made soft by soaking in water.

For a child who has some skill in drawing, simple map drawing is entertaining. If he is not able to draw maps himself, a transparent slate will serve very well. The little transparent slates are a delight to many children whether they use maps or simple pictures. Even where there is contagion one can use them, for they are quite inexpensive, and most people hesitate to buy valuable toys to be thrown away after a few weeks.

Have the child make a large stock of money of all kinds, round coins, as nearly as possible with the markings of real ones, or with just their value written on them, and some one and two-dollar bills.



It is not really necessary to have anything to sell, the imagination will do for that, but if the child is anxious to have something to sell, let him make things out of paper or use any of the articles in his room. One day it may be a grocer's and another day a dry goods shop. Then sometimes be the shopkeeper yourself and occasionally give him the wrong change and make him find it out for himself.

Story-telling will also be good amusement. To make up a story, take a number of magazines and cut out different pictures which can be pasted into a scrap book or on heavy paper. Begin the story something like this: "Once there were a father and mother and their two little boys." Then stop to find a picture of a house for them to live in; sometimes it may be a big farmhouse, sometimes a beach cottage or a city home. If it is out in the country, hunt for a picture of a barn and all the animals that belong to a farm. After they are all pasted neatly, continue the story, illustrating as you go on. Have them go on a picnic and find pictures of what they carry for their luncheon.

Another game which may be enjoyed is "Hide and Seek." Close your eyes and let the child make-believe-hide somewhere in the room. Then you ask, "Somewhere in this room?" "Yes." "Behind the door?" "No, you're cold." "Under the bed?" "No, you're still cold." And so on, until you get it right.

After all, the most important object of one's efforts is the entertainment of the convalescent child, so the first thing to keep in view is what will most distract his mind. To a mother, it is generally easy to know which line to pursue from her familiarity with his tastes. The nurse will soon be able to observe where a child's tastes lie and may adopt any of these suggestions to get him interested, remembering always to make him do as large a share as possible of the thinking and the planning, as well as of the work.

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## FOOT TROUBLES

When foot troubles arise the first thought should be—what has caused this condition? It is folly to patronize a chiropodist for conditions that will often disappear spontaneously if proper shoes are worn. If there is any obstinate or serious trouble with the feet, which apparently bears no relation to the footgear, see a surgeon or an orthopedist. Painful feet may be a manifestation of infection in the mouth, of a root abscess or of infected tonsils. It is extremely important to investigate such possible sources of trouble when the joints of the feet are inflamed or painful. A very moderate degree of foot strain in a person who is infected or sensitized by an unhealthy general condition may be sufficient to cause foot pain and joint trouble.—From the Monthly Health Letter, issued by The Life Extension Institute, Inc.

## DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

Collaborators: S. LILLIAN CLAYTON and ANNA C. JAMME

### THE BASIS OF AFFILIATION BETWEEN NURSING SCHOOLS AND UNIVERSITIES AND SOME NEW DEVELOPMENTS

In almost every department of the world's work today there is an urgent call for leaders. In the field of nursing, where we have so many new problems crowding upon us, so many new fields to be organized, and so much constructive work still to be done in building up our system of education, the need is particularly acute. It has long been the custom in America to look to the colleges and universities for the training of leaders in science, in education and in the higher professions. Now we are expecting them to send out people who will lead the way also in business, in industry, in social work, and even in farming and housekeeping. Nursing is fast finding its place there also and, indeed, every important branch of community service will soon be included in the modern university.

We have long ago ceased to expect that all the graduates of universities will develop into leaders of power and influence. It is as true now as it always was, that the leader is to a great extent born not made. Yet if we have certain potentialities of ability and initiative, the sound knowledge, the mental training, the broader outlook and the stimulation to service which the better universities do give, will bring out those qualities and will prepare many more people for constructive and enlightened leadership. We are glad to welcome into our ranks the increasing number of college women who bring something of this preparation with them, but we need to go further and bring the influence of the university into the work of the nursing school itself, so that the whole training will be directly influenced by the educational standards and the progressive spirit of these great democratic centers of learning and community service. *J. M. Stewart*

The possibility of working out a practical scheme of university affiliation for nursing schools, has been demonstrated in several universities, notably those of Minnesota, Indianapolis, Washington (St. Louis), Georgia, Cincinnati, Leland Stanford, California, and Iowa. Simmons College, Boston, and Columbia University, New York, have worked out somewhat different types of affiliation with training schools, and many others are more or less loosely connected with nursing schools. The steady increase in such affiliations is exceedingly gratifying and although it is a little early as yet to expect marked results, we seem to be justified in hoping that these schools will help greatly in training the future leaders we so urgently need.

It is important, however, that we should stop a moment to consider whether we are making the fullest use of our opportunities in these university schools. It was, of course, desirable that we should experiment with different types of affiliation, till we should find just what the best basis for future development, would be. It is probable that we have not yet arrived at the best arrangement, but we have begun to agree on a few general principles, and since so many inquiries have been coming in, both from nursing schools and universities, regarding the recommended basis of affiliation, it seems desirable to try to summarize briefly some of these essential principles.

It may be assumed in the beginning that the dominant reason for considering such an affiliation is to improve the educational work of the school. The university is founded and endowed for educational work. It has expert teachers, well equipped laboratories, ample libraries and many other resources which the detached type of professional school, especially the unendowed school, can never hope to duplicate. It has not only a recognized standing in the educational world and a well-organized system of educational work, but it has all the administrative machinery for carrying on such work. It provides the atmosphere and the influences which tend to stimulate intellectual life. The social advantages which come from contact with students and instructors in so many different fields of work, are not the least of its many assets.

If the nursing school is to profit by all these advantages, it must have a real and not merely a nominal relationship with the university. When the hospital is owned by the university, as is often the case, the nursing school should be as much a part of the university as is the medical or engineering school. This is the case in the Universities of Minnesota and Indiana. Even where the hospital is not directly owned and managed by the university, the nursing school may still be an integral part of the university, having its own representatives on the university faculty and its student body regularly enrolled as students of the university. The university of Cincinnati has this kind of an affiliation with the City Hospital nursing school. In the looser types of affiliation, where the nursing school is entirely independent and merely sends its pupils to the university for certain selected courses, the standards of nursing education may not be affected at all and may, indeed, be below the average. Moreover, where the university has attempted to give a separate preparatory course without any definite relationship to any particular nursing school, the results have not worked out very satisfactorily for anyone concerned.

In order to get the benefits which such a connection should bring, the first essential is that the pupil nurse should be able to matriculate as a regular student of the university, that is, she must be a graduate of an accredited high school or preparatory school. Colleges vary somewhat

in their entrance requirements, the western colleges being rather more liberal as a rule than the eastern. Slight deficiencies may in most cases be made up after admission, but without matriculation the student will not receive college recognition and could not of course be awarded any diploma or degree from the university. It is, moreover, important for the sake of the pupil herself, as well as for the standing of the nursing school, that she should have the fundamental education necessary to enable her to keep up with work of college grade.

The next essential is that all the courses represented in the nursing curriculum (not only the ones given in the class rooms of the university) should be of college grade—that is, that they should measure up to the standards required of other students of the university. It is not necessary that the general arrangement or content of the curriculum should vary materially from that given in the ordinary school, but it would be expected that whatever courses are given should be thoroughly covered, not merely skimmed over as we sometimes do in the training school for lack of time. In the science work, particularly, there must be adequate provision for laboratory work, and time for outside reading and study in all courses. The usual proportion of time for study in colleges is about one and one-half to two hours for every one in class or lecture.

It will be expected also in any school which claims to rank as a university school, that the proportion of time given to theoretical work should be much greater than the proportion we find in the average nursing school. The best we have been able to do there, is about one hour of theory to ten of practice, while the proportion in schools of agriculture or domestic science or engineering, even in army and navy schools, is more likely to be about half and half. Whether we shall find it better to concentrate our theory into certain periods and release our students entirely from practical work during this time, as in the Cincinnati coöperative scheme, or whether we can reduce the number of hours of daily practical work sufficiently to leave time for this necessary class work and study, is a question still to be worked out. One thing which is perfectly plain is that we cannot build up any satisfactory scheme of university work on the present system of nine to twelve-hour hospital duty or even continuous eight-hour duty.

There is the possibility, however, of swinging too far to the other extreme and minimizing the value of observation and practice in the wards of the hospital. University authorities tend to underestimate the value of our practical training, and would always be inclined to urge the superior claims of the class room and laboratory. While we must hold firmly to this invaluable part of our system of training, we will have to find some way of cutting down the purely routine and manual part of the nurse's work and of making her clinical experience more intensive



and more fruitful. With better teaching and supervision, we could in this way get equally good educational results even if the actual hours of practical duty were cut by one-half.

It is important that nursing students in a university should not only have a definite academic status, but that they should receive some form of recognition on the completion of their specified program of work. A diploma or degree from a university may in itself mean little, but to the public and to professional people, it does represent a higher quality of educational work and guarantees a rather more reliable background than is usually credited to other types of educational institutions. For this reason it is very desirable that the nursing school should stand on the same basis as other departments of the university, that nursing students should graduate with all the other students, and that they should receive a diploma or degree of recognized value. It seems better to grant a professional diploma for the usual three-year nursing course and to give the degree of Bachelor of Science only to those who are able to combine with this the general academic subjects usually required for college graduation. Such a combined course would usually take from four and a half to five years, instead of the six to seven years which would be necessary if the student took her college degree first and her nursing work after.

In several schools this fuller five-year course, leading to the Bachelor of Science degree, is being offered to those who have already taken freshman and sophomore work in the university or who wish to stay on for two years after their nursing course to complete the work for the degree.

There is no doubt that many students are willing to do extra work and take longer time in order to get the broader background for their professional work and the standing of a college graduate which the professional diploma itself cannot give. This was shown quite conclusively this summer when a new type of course leading to the B. S. degree was offered by the Presbyterian Hospital, New York City, in connection with the Department of Nursing and Health, Columbia University. A great many inquiries about it have been received and a number of young college students have decided to enter on this new basis. The arrangement is that any Presbyterian Hospital student who has already covered two years of approved work in a recognized college, normal school or technical school, may receive her diploma from the nursing school and her B. S. degree from Columbia University at the end of three years' work, on condition that she covers not only the required work in the hospital, but also certain required courses at Teachers College, amounting to thirty-two points or one year of college credit.

The previous college work of these students must include approved courses in English (amounting to 180 hours), history (90 hours) and a

modern language (90 hours). Usually most of the science work has also been covered. During their preparatory course at the hospital these pupils are taking at the college any of the fundamental sciences which they have not had before—chemistry, biology, psychology, or bacteriology. They are also including the history of nursing and in some cases a course in social or sanitary science. This means usually from six to ten hours a week. The other required college subjects will be distributed through the remainder of their training, the heaviest part coming in the last term of their third year, when they will give a good proportion of their time to work in the college. By this time they will have chosen whether they want to concentrate on the general field of public health nursing or on teaching and supervision in training schools. Their program will be arranged accordingly, and will be selected from the regular subjects in the Department of Nursing and Health which are usually offered to graduate nurses specializing in these branches. Practical experience will also be arranged in connection with the Henry Street Settlement or other special fields of work.

A number of adjustments have had to be made in both the hospital and the college for these students, but there seems to be no reason why the scheme should not work satisfactorily and why many students may not thus secure in three years, not only their professional training, but also their degree, and to some extent, at least, their preparation for one of the special branches of nursing work.

The cost of these extra courses at the college is borne by the students, and amounts in all to a little over \$200. The college feels that it is desirable, if possible, to have the student take the first two years of work in the School of Practical Arts where they will be under the supervision of the Department of Nursing and Health from the beginning.

It is essential in such a plan as this that there should be the most cordial coöperation between the two affiliating institutions, and that there should be some representative of the nursing profession in the university to plan the work of such students and give them some supervision. It is also important that the university should know and approve the character of the work which is being done in the nursing school and the conditions under which these students are living and working. Though this type of affiliation is not ideal in every way, it does open up a possible method of utilizing university resources for specially qualified students without involving any radical adjustments in administration, or any additional cost to the hospital.

## NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

Colonel Sir Berkeley Moynihan, consulting surgeon to the British Army, in a speech at the Clinical Congress of Surgeons of North America, held in Chicago, said: "In the opinion of those best able to judge, the turning point of the war came in November, 1914, on that memorable day after the battle of the Marne when the second (first?) battle of Ypres was fought out. The English Army on that occasion was a thin line, when a man could not, by reaching out both his arms, touch his nearest neighbor. Between that single line and the coast there was nothing in reserve—everything was put in that line. To that line was supplied all the ammunition they had, which would not now be considered enough for a poor morning's work, 150 rounds per man, with four machine guns to each battalion. That line for four nights and three days was bombarded unceasingly, not so much with the idea that those men should be killed, as that they should be prevented from having sleep. On the morning of the 11th the Germans made their attack on that poor, thin, miserable line of weary, begrimed, mud-stained, cheerful "Tommies"—and what was the attack? It was made by the best troops that Germany had at her disposal in the early days of the war, and they were magnificent troops of whom any nation in the world would justly be proud. The odds were never less than five to one, sometimes seventeen to one, and our men were so weary they leaned their heads against the parapet, nodding in their sleep, so weary they could not see anything to hit until it got thirty or forty yards away, and along that line the German dead were found heaped up seven, nine, ten and eleven deep. The attack failed and that thin line held, and that was all that stood at that moment between civilization and disaster to the world."

The war seems to have been carried into Bible times. Gaza, the ancient city of the Philistines, whose gates Samson pulled down, has been taken by the British under General Allenby. Beersheba has fallen; fifteen enemy guns being captured there, 26 officers, including two battalion commanders, and 418 men. Jerusalem is threatened.

The first losses of the American troops occurred on the Rhine-Marne Canal. They were holding a small portion of the French front and in a German raid had a few men killed and wounded and 12 prisoners taken.

It is stated that the troops of the Entente Allies are wearing silk as a protective against blood poisoning from wounds. Huge shipments of American silk fabrics have been sent abroad since the beginning of the war.

The British Admiralty announces that a successful air attack in the vicinity of Constantinople was accomplished by a large British bombing

aeroplane which flew from England to a British base in the Mediterranean in a series of eight flights. The stopping places included Lyons and Rome and the total distance covered was nearly two thousand miles. The machine was actually in the air thirty-one hours.

London evening papers are delivered a few hours after publication by aviators to the men on the French front.

In the accounts of the retreat on the Italian front it is stated that the worst rigors were endured by a party from the British hospital at Versa. The lorries for evacuation did not come, so the stretcher cases were put in ambulance wagons of the British Red Cross and brought back. The whole party turned up safely in spite of the fact that they marched day and night in the rain, with so little food that they picked up scraps of bread from the road to eat. They arrived in good condition, though some were patients convalescing from typhoid, for whom any reasonable doctor would have pronounced such treatment fatal.

Dr. Page, the United States Ambassador, said in a speech at Edinburgh, recently, that there will be more university men in the American Army than ever went into battle before from any country.

Poland is bleeding from many wounds, for her people and especially her children are in a helplessly destitute state, not only homeless but in need of the barest necessities of life. Those who have read *When the Prussians Came to Poland*, by Laura Turczynowicz, the American wife of a gallant Pole, at one time inspector-in-chief of the Sanitary Engineers in the Russian Army, have a faint idea of the awful conditions prevailing in that unhappy country. Paderewski is at the head of a relief fund which has rendered splendid service.

An escaped Canadian prisoner, who has returned home only to re-enlist, relates an instance of the paucity of information which the enemy extracts from prisoners. German commander, showing a map, "Point out the position of your unit on this map." Prisoner, "I don't know how to read maps, we don't have them on our side." German commander, "How many machine guns are there in your section?" "I don't know exactly, I think about a million and a half."

A Canadian officer says in a private letter: "The elements of risk in general actions are often less than in many daily occupations of the troops. Take the famous Menin Road, whatever happens, stores have to go up, thousands of transport parties there have been shelled and comparatively few have no casualties to report at the end of the journey. If part of the force is laid out, the rest must go on, passing their fallen comrades, and often on the last trip bringing back the bodies of one's own particular pals."



## THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

*Chairman of the National Committee on Red Cross Nursing Service.*

More or less confusion has arisen in the minds of the nurses throughout the country on account of a letter recently issued from the Surgeon General's office, making an appeal for nurses for cantonment service in our own country, and certain misleading statements have been issued. This appeal from the Surgeon General's office does not, in any way, relieve the Red Cross Nursing Service of its responsibility, or lessen the necessity of enrollment and prompt response of nurses who are on file as available for active service.

Not only the Army, but the Navy and the Federal Public Health Service as well, now as formerly, rely upon the Red Cross to supply nurses for service, and any appeal going out direct from the Superintendent of the Army Nurse Corps does not change, in any way, this relation. The Army Nurse Corps is a permanent service, into which nurses are definitely recruited, as in the regular Army. It is hoped, however, that the nurses of the country, especially those who are already enrolled, will respond in sufficient numbers to meet all the needs of the Army Nurse Corps.

In view of the tremendous demands which will undoubtedly be made upon the nurses of the country in the near future, the Executive Committee of the Red Cross has recently created a Department of Nursing, under which are placed the Bureau of Enrollment, the Bureau of Field Service, and the Bureau of Instruction. The Chairman of the National Committee has been asked to serve also as executive head of the Department of Nursing, with the title of Director. Anna W. Kerr, for more than eight years Superintendent of Nurses of the Bureau of Child Hygiene, Department of Health of New York City, has been appointed Director of the Bureau of Enrollment. Clara D. Noyes, Director of the Bureau of Field Service, will be temporarily relieved from duty at Red Cross headquarters, and will make a tour of the country in the interests of the Nursing Service. We believe that with her intimate knowledge of the needs of the service, and of the nursing situation throughout the country, she will, in this way, be able to carry to the nurses definite information concerning the nursing needs of the military establishments, and their responsibility at this time.

## RED CROSS NEWS

BY CLARA D. NOYES, R.N.

It will be a matter of interest and satisfaction to the nurses of the country to learn that the Red Cross has decided to give a complete equipment to all nurses sent overseas with either the Army, the Navy, or under the Red Cross. This rule applies not only to the Red Cross nurse who enters the military service as a reserve, but to members of the regular Army and Navy Nurse Corps as well.

The equipment includes the following articles and is supplied in New York City at the office of the Nursing Service at 44 East 23d Street: 1 blanket, 1 sleeping bag, 1 hold-all, 1 poncho, 1 Norfolk suit, 1 ulster, 2 white waists, 1 silk or flannel waist, 2 pairs of gloves, 1 hat, 1 sou'wester, 1 raincoat, 1 pair scuffs, 2 pairs black tights, 3 pairs pajamas, 4 sets of underwear, heavy wool, 2 dozen pairs stockings, 4 pairs shoes, 1 pair woolen gloves or mittens, 4 gray crepe hospital uniforms, 12 sets white organdy collars and cuffs, 2 pairs cuff links, 4 caps, 8 aprons, 1 pair caducei and U. S. letters, 1 pair rubber boots, 1 sweater.

To nurses serving in the sanitary zones around the cantonments as public health workers, an equipment consisting of dress (blue serge), heavy ulster, cape, hat, and three gray wash uniforms, with the necessary collars and cuffs, is furnished. Nurses for "overseas" should remember that the cold is intense in that country, and should take with them in addition to the above a hot water bag, bed shoes, long sleeved corset cover (knit), a small alcohol lamp with utensil for heating water, solid alcohol, small supply of George Washington coffee, malted milk, sugar, beef tablets, etc., a small United States flag may also not be found amiss.

For home service in the cantonment, the nurse is given the caps and a cape of blue, lined with scarlet.

The following nurses have been sent to Vodena, Greece, to assist in establishing a hospital for Servian and Roumanian refugees: Clara G. Lewis, Jessie May Cann, Ruth Sherman Bentley.

The public health and infant welfare workers in France have been augmented by the following nurses: Mary E. Bayley, Helen Bigelow, Rose Bogen, Mary A. Brogan, Freda M. Caffin, Josephine S. Ellett, Agnes R. Gay, Irene A. Jennings, Gladys Porter, Katharine M. Robertson.

Roumania by: Marguerite A. Brogan, Julia S. Domser, Mary Elizabeth Eby, Katherine Kingman, Hattie G. Lowry, Mattie Snow McNeill, Frances A. Norquist, Lemo Oliver, Alice E. Stenholm.

The following Base Hospitals have been authorized since the last report: Base Hospital No. 48, Metropolitan, New York City, Chief Nurse, Helen D. Bengston; Base Hospital No. 49, State University, Omaha, Neb., Chief Nurse, Ida Gerding; Base Hospital No. 50, University of Washington, Seattle, Wash., Chief Nurse, not yet nominated.

A nursing personnel of 100 has been asked for by the Surgeon General for Army Base Hospital No. 116, organized for the care of fractures. Several special units are also under course of organization, including one mobile operating unit of fifteen nurses; a request has also been received to organize masseuses for work in connection with the reconstruction hospitals.

The following resume shows the number of nurses assigned and mobilized for assignment since war was declared:

## ARMY

	<i>Mobilized, but not Assigned.</i>	<i>On Duty, Home.</i>	<i>On Duty, Foreign.</i>
From Base Hospitals .....	260		1390
From Hospital Units .....	84		63
Emergency Detachments .....		1530	
Detached from Base Hospitals, temporarily		190	
Detached from Hospital Units, temporarily		100	
Chief Nurses at Cantonments.....		8	
For Psychiatric Service .....		34	

## NAVY

From Base Hospitals .....	181		100
From Naval Stations .....	67	15	
From Navy Detachments .....	141	253	
With special Red Cross Units .....		48	118
	<hr/>	<hr/>	<hr/>
	733	2178	1671

Total .....			4582
Attached to Base Hospitals not yet ordered to mobilize—not available for duty .....			1700
Attached to Hospital Units not yet ordered to mobilize .....			120
Attached to Navy Detachments not yet ordered to mobilize.....			40
			<hr/>
			1860

Special units, such as Reconstruction Hospitals, Public Health, and Town and Country service add approximately 1000 more not available for service.

This is no small achievement, no mean accomplishment. To secure these nurses and prepare them for duty has meant hard, exacting and patient work for all concerned, the State and Local committees and the organizing nurses of Units and Detachments, the Red Cross Nursing Service officials and clerical staff, and it has cost large sums of money which the Red Cross has generously provided. But more must be done, present estimates provided by the Surgeon General indicate that thousands

of nurses will be required if the war continues. New units will be organized and the nurses now in service will need relief. The present enrollment, 15,000, large as it appears, is not adequate, as it does not necessarily mean that all are available for service. Many have married or have passed the age limit, others have resigned or have died, while many are engaged in forms of work too important to be disturbed; others have been rejected physically. It therefore follows that the enrollment must be stimulated. Every effort will be made to simplify this process, and to make it as easy as possible for a nurse to become a member of the Red Cross Nursing Service. The young nurse who is accustomed to active work in the institution is best fitted for the service. She is accustomed to the hard work, the routine of bedside nursing is comparatively easy for her.

Having once entered the Red Cross Nursing Service, she should prepare to report ready for duty as promptly as possible. The primary object of the service is to care for the sick or wounded soldiers or sailors wherever they may be. Let her not enter if she is unwilling to accept this responsibility. The nurses of this country have a heavy responsibility placed upon their shoulders. By virtue of their special preparation they cannot evade this moral obligation. The sick soldier in the cantonment is now calling her more loudly than is his brother in France. It may be your brother or cousin or father. What are the readers of this magazine doing about it? Have you enrolled in the Red Cross Nursing Service? If not, why not? If you have enrolled, are you ready for service? Have you sent in to the National Headquarters your physical examination, and indicated the earliest date that you will respond? Have you sent in a correct and permanent address, one where you will be found when the Government travel orders are forwarded? For they must be executed on the spot, they cannot be forwarded to you. All these matters must be attended to in order that delays may be prevented. Irrksome as these details may appear, it must be remembered that the Government cannot deal with individual cases, it must deal with conditions as a whole.

I regret to report the deaths of two nurses who have been assigned to duty. Miriam E. Knowles, a member of Johns Hopkins Base Hospital Unit, died in France of scarlet fever after a short illness. A note recently received from her mother says:

Thank you for your kind and sympathetic letter, and also for telling us of your trip to Hoboken and what steamer the Hopkins Unit sailed on. Our dear daughter never gave the censors anything to do—she never mentioned the steamer, any city or town or river by name, so we have no idea where her lonely grave may be. She indeed went off with high hopes and a smiling face and always spoke of her work as so interesting. In one letter she said she was so thankful she was over there in time to be of so much use. Now it is all over and her parents are heart broken.



The other death was that of Rose A. Young, sent but a few weeks ago to Camp Shelby, Miss. She died on November 28, after only 24 hours' illness, of acute ascending paralysis.

#### INSURANCE

The nurses will be interested to learn that the Compensation Insurance Law for the Military and Naval Forces of the United States applies equally to the nurses. The law is quite a complicated one, but it would be greatly to the advantage of all nurses to thoroughly look into it, in order that they may take advantage of its provisions. The Bureau of War Risk Insurance, Division of Military and Naval Insurance, Washington, D. C., is willing to furnish literature explaining the requirements of this Act. It is hoped that this provision will include an increase in pay for nurses, and a month's sick leave with pay. The pay for army nurses is now \$50 per month in this country, and \$60 in foreign countries for ward nurses; Chief Nurses receive \$80 in this country, and \$90 in foreign countries; The same schedule is used by the Red Cross. It is hoped that an increase of \$15 in all grades will be allowed.

#### QUESTION OF RANK

The question of rank is also being vigorously agitated, and it is hoped that in the near future this will be secured by the members of the Army Nurse Corps.

#### IDENTIFICATION

The nurses have been required to secure passports. The difficulty encountered in getting birth certificates, or affidavits certifying to the date and place of birth has been so great that the new ruling concerning this will be greatly appreciated. The State Department has been willing to accept the identification certificate issued by the War Department.

#### CHRISTMAS BOXES

The Red Cross has arranged for the distribution of twenty Christmas boxes for each Base Hospital. These have been prepared under the auspices of the parent hospital from which the Base Hospital was withdrawn. They have been consigned to Major Murphy, the representative of the Red Cross, for distribution after their arrival in France. The Central Club, New York City, arranged the Christmas boxes for the detached groups at the American Ambulance, American Red Cross Hospital in Paris, and the public health workers scattered throughout France now working under the auspices of the Red Cross.

## FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

### THE HOLLAND NURSES' ASSOCIATION

Welcome letters which should have reached us earlier, have come from Holland, both from Miss Hubrecht and the Nurses' Association, telling us that *Nosokomos* still exists as an independent, self-governing, national society of trained nurses, the difficulty described in an earlier number having been adjusted in a way that leaves the character and value of the association intact. We rejoice at this news and regret that the executive officers feel chagrined at having had the points of dissension published, as they think, prematurely.

But, from our point of view, on this side, it does not seem altogether regrettable that publicity should be given to all the struggles of women and of nurses for the control of their own affairs, knowing how difficult it is for them to make headway and how continuous and hard the struggle is. The war for democracy is permeating all our smaller affairs, and secret diplomacy having been discredited, the great aid to all of us in our contests with local oppressors is full and public information.

When we meet again in international conference, we shall have delegates from Holland to help in reconstruction work, and we feel certain that they will take, in our lesser affairs, the same broadly balanced and liberal, tolerant part that their brave and sturdy country has taken in the terrible warfare of Europe.

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### TO NURSES ENGAGED IN MAKING A SURVEY

It is very necessary that all individual cards for nurses should be properly and fully filled out. Try to obtain the name of the training school and the date of graduation in each case, also the name of the town in which the nurse is at work, as well as her street address. Unless these things are done, the work is almost useless. Those who seem most careless in this respect are the "graduates not R. N."

## DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

ILLINOIS—The following extract from the annual report of Eva Markman (Frances Willard Hospital, Chicago), an ex-visiting nurse, who is Instructive Visiting Housekeeper for the Jewish Aid Society of Chicago, is interesting as showing into what new lines this work has taken the visiting nurse:

The following is an example of the intensive work done in one family consisting of father, who is incapacitated; mother, dirty and indifferent to home-making because of her lack of knowledge of its requirements; grandmother, over eighty and filthy; and four children, undersized and undernourished, aged 15, 8, 7, and 6, respectively. They lived in an extremely old-fashioned home, dingy and unattractive in every way, with dirt and vermin everywhere. It was soon decided that only by removing this family into a pleasanter environment could real results be attained. At length a desirable location was secured and the momentous moving day arrived. The beds and furniture, which were overrun with millions of bed bugs and the accumulated filth of years' standing, had to be burned, as even the rag man refused to take them away. The bedding had to be thoroughly cleaned, as well as everything else in that home, as soon as they reached the new quarters. It was impossible to do the cleaning before moving, as the old home had no facilities for heating water. Through the kindness of the friendly visitor on the case, many of the new furnishings were supplied and her wonderful co-operation made the rehabilitation of this family possible.

Better sleeping quarters have been arranged and the beds are now clean and comfortable. The home is pleasant and in every way the family is responding to the changed conditions. A hot water attachment to the stove makes it possible for all to take baths and the enthusiasm over this event was demonstrated at once. Bathing in hot water was a hitherto unknown pleasure in their life's history and, as the mother said to the Instructive Visiting Housekeeper, "You will never be able to know what this hot water bath means to us. We could not understand where the hot water was coming from." The older daughter is now at work and is beginning to help the mother, upon her return at night. The mother is taking greater interest in her work, is baking more frequently and trying to plan her meals according to instructions given. The children are looking better and are proud of their clean, new home. Washcloths made out of a flour sack, and monogrammed, were hung with a crocheted hanger in the bathroom, each on a separate nail just below the tooth-brush rack, the youngest daughter's "bit."

As the mother has learned the value of the care of her home, she is learning, too, value of personal care and is taking greater pride in her appearance. She has consented to have her teeth attended to, which is a very necessary factor. The little grandmother, too, is responding to instruction and enjoys her new, clean room, especially its wonderful, soft bed. The father has learned the lesson that there is a place for everything and every-

thing must be in its place. No longer does he litter the floor with cigarette stubs or throw his clothes on chairs and in corners. Order and cleanliness are the watchwords of this home.

The following "Hooverized" recipes have been most successfully used in many of Miss Markman's homes. Nurses who have time to combine visiting housekeeping with their other nursing duties may find them useful:

*Oil Cake.* 1 cup sugar,  $\frac{1}{2}$  cup water,  $1\frac{1}{2}$  cups flour or  $1\frac{3}{4}$  cups pastry flour, 1 teaspoon salt, 2 eggs whole,  $\frac{1}{2}$  cup oil, 2 teaspoons baking powder, 1 teaspoon vanilla. Sift the flour, break the eggs on the sugar and beat for ten minutes as fast as possible, then add water and oil and continue beating with an egg-beater (Dover); shake and remove egg-beater, then cut and fold in flour, baking powder and salt (same must be sifted three times). Bake in two layer pans for twenty-five minutes at 390 degrees F.

*Meat Loaf.*  $1\frac{1}{4}$  pounds chopped meat, 1 cup bread crumbs soaked in water and pressed out, 1 medium-sized onion finely chopped, 1 green pepper finely chopped, 1 teaspoon salt, 2 tablespoons oil. Mix together and make loaf, roll in flour, and oil over. Bake for forty-five minutes. Baste thoroughly.

*Sugar Cookies.*  $\frac{3}{4}$  cup sugar, 1 egg, 2 tablespoons water,  $\frac{1}{2}$  cup oil,  $\frac{1}{2}$  teaspoon vanilla, 2 cups rye flour,  $\frac{1}{4}$  teaspoon salt,  $\frac{1}{4}$  teaspoon soda, 1 teaspoon baking powder. Cream the shortening, add sugar, egg and water which have been beaten together, roll thin, sprinkle with granulated sugar, cut, and bake in a moderate oven.

*Molasses Cookies.*  $\frac{1}{2}$  cup shortening or oil, 1 cup molasses, 1 egg,  $\frac{1}{3}$  cup ice-water, 1 cup raisins, 1 teaspoon soda, 1 teaspoon baking powder, 1 teaspoon ginger,  $3\frac{1}{2}$  cups rye flour. Combine ingredients in order given. Drop on a greased pan. Spread, and bake in a moderate oven.

*Cottage Pudding.*  $\frac{1}{4}$  cup butterine or oil, 2-3 cup sugar, 1 egg, 1 cup milk,  $2\frac{1}{4}$  cups rye flour, 4 teaspoons baking powder,  $\frac{1}{2}$  teaspoon salt. Cream the butterine, add sugar gradually and egg well beaten. Mix and sift flour, baking powder and salt. Add alternately with milk to first mixture. Turn into buttered cake-pan. Bake thirty-five minutes. Serve with strawberry sauce or chocolate sauce.

*Dropped Cookies.* 1 cup oil, 1 cup sugar (sifted), 1 egg,  $\frac{1}{2}$  cup water,  $\frac{1}{2}$  cup light molasses,  $\frac{3}{4}$  cup raisins cut fine,  $3\frac{1}{2}$  cups rye flour, 2 level teaspoons, baking powder, 1 teaspoon cinnamon,  $\frac{1}{4}$  teaspoon cloves. Stir all together, bake by dropping spoonfuls in pan in moderate oven, for about twelve minutes.

*Macaroni Loaf.* 1 cup bread crumbs soaked and water pressed out, 2 cups boiled macaroni, 1 cup finely chopped cheese, 1 tablespoon finely chopped green peppers, 1 cup milk, 2 tablespoons butter, 2 tablespoons finely chopped onions, 1 tablespoon finely chopped parsley, 3 eggs, 4 tablespoons water and cooked parsley, onions and green peppers. Separate



eggs, mix bread crumbs, cheese, macaroni, milk, egg yolks, cooked vegetables and milk. Beat whites of eggs and fold in mixture, add 1 teaspoon salt, 1-8 teaspoon pepper. Put in a greased pan, bake forty minutes at 370 degrees F. (The pan must be placed in a pan of water the same as a custard.)

*Sponge Cake* (a substitute for sunshine cake with eight eggs). 4 eggs, separated;  $1\frac{1}{2}$  cups sugar,  $\frac{1}{2}$  cup hot water,  $\frac{1}{2}$  teaspoon vanilla, 1 teaspoon baking powder,  $\frac{1}{4}$  teaspoon salt, 2 cups pastry flour (sifted). Separate eggs, add yolks to hot water and beat until thick, add sugar and vanilla gradually, beating constantly. To this mixture fold in well-beaten whites. Sift flour and baking powder twice and cut in flour and baking powder. Put in greased pan and bake forty-five minutes at 370 degrees F.

*Cream of Bean Soup.* 2 cups cooked beans,  $1\frac{1}{2}$  cups milk,  $1\frac{1}{2}$  cups water, 3 tablespoons oil, 3 tablespoons flour, 1 small onion chopped, 1 tablespoon chopped parsley, 1 small carrot chopped. Stir the flour, onion, parsley and carrot in hot oil until they are brown, add water, milk, and boil. Mash the beans fine or put through a sieve. Add salt and pepper to taste and serve when hot.

*Cream of Pea Soup.* 2 cups cooked peas,  $1\frac{1}{2}$  cups milk,  $1\frac{1}{2}$  cups water, 1 teaspoon salt, 3 tablespoons oil, 3 tablespoons flour, 1 small onion chopped, pepper. Stir the flour and onion in hot oil, do not let it brown. Add water, milk, and boil. Mash the peas fine through a sieve. Add salt and pepper. Serve hot.

*Rye and Cornmeal Muffins.*  $1\frac{1}{2}$  cups rye flour,  $\frac{1}{2}$  cup cornmeal,  $\frac{1}{2}$  teaspoon salt, 4 teaspoons baking powder, 1 tablespoon sugar,  $\frac{3}{4}$  cup milk and water, 1 tablespoon oil. Mix and sift dry ingredients three times. Add milk, water and warm oil. Beat well. Bake in greased muffin pans in hot oven thirty-five minutes.

*Rye Rolls.* 4 cups rye flour, 1 teaspoon salt, 6 teaspoons baking powder,  $1\frac{1}{2}$  cups milk, 1 tablespoon oil. Sift dry ingredients together, add milk and warm oil. Knead on floured board. Shape into rolls. Put into greased pans and allow to stand twenty-five minutes in a warm place. Bake in a moderate oven for thirty minutes.

**AKRON**—Public Health Nursing in the city of Akron has been completely revolutionized during the past year. With the exception of that being done by certain large firms, all has been consolidated under the Health Department. Olive E. Beason (Chicago Hospital), formerly head nurse in one of Chicago's large tuberculosis clinics, is superintendent of nurses. Twenty-one nurses are now on the Health Department staff. Fourteen nurses are doing the school work, the instructive contagious disease work, and are conducting well-baby clinics. A tuberculosis dispensary was opened on September 1st, with 4 special nurses, who are giving bedside care as well as doing instructive work in the homes. Akron is a

very interesting spot just now for the alert sociologist, for in six years' time it has grown from a population of 60,000 to approximately 200,000. From having, little more than a year ago, a part-time health officer, a food inspector, and one vital-statistics clerk on its Board of Health, it now has 36 people on the pay-roll, a good laboratory, and a division of food and sanitation as well as one for communicable diseases. At the request of Mayor Laub and the Chamber of Commerce, Mary E. Lent, Associate Secretary of the National Organization for Public Health Nursing, spent some time in Akron last fall, working out this recently-adopted plan for public health nursing throughout the city. In fact, the interest shown by the Mayor and other citizens has been responsible for its success. Cities where it is difficult to raise the budget of a small, struggling association should copy this example set by Akron and get the Mayor and other broad-minded citizens interested in the possibilities of better health for all the people. The Municipal University of Akron is giving a course of lectures in sociology to anyone interested in enrolling, and several of the lectures are on the subject of public health and public health nursing. This is the first year that such a course has been open to the citizens and workers of Akron. Elizabeth Yost (Massillon City Hospital, Ohio) is assistant supervisor of nurses. Of special interest is the fact that both free and paying patients are given care in their own homes. In this way the extremely objectionable words, "destitute poor," can be ruled out from any description of Akron's public health nursing service.

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#### THE IMPORTANCE OF MILK TO CHILDREN

Milk is the one food that children need to become strong and healthy, and the increase to 14 cents a quart, or more, means that thousands of growing children will be without the essential food elements that ensure healthy development. Patent foods which contain no milk and are not to be mixed with milk, are lacking in nourishment. In the substitution of tea and coffee for milk, the child is positively injured.

Reports from New York, Chicago and some New England cities show an alarming decrease in the amount of milk being consumed in families where there are young children, according to a bulletin issued by the Children's Bureau of the United States Department of Labor. In New York, 120 families out of 2200 reported to the Mayor's Committee on Milk, have stopped taking milk entirely. In 25 of these there are babies less than a year old. Half of the 2200 families are taking from one-fourth to one-half less milk than before the price went up; and before that their supply was but half the amount they should have had. The same condition could be found in practically all the large cities. These decreases have led the Federal Children's Bureau to emphasize the great need of milk in the diet of babies and young children.

# HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

## HOSPITAL WASTE

BY LAURA A. WILSON, R.N.

If the admirable suggestions now being issued by Mr. Hoover and other government officials had come earlier and had been followed, there would be less necessity for the consideration of waste, but many institutions have never had any system of finding out where actual waste exists or, if it is known, have not instituted any reforms to eliminate it.

Perhaps the most formidable element that confronts hospital authorities today is that of rising costs. These questions naturally present themselves: How do costs grow? And how may they be reduced? In order to answer these questions, an analysis must be made of the hospital as a whole and of each department, to find the cost of maintenance. It will also be necessary to find out if waste is one of the factors in the increase of costs.

Before discussing the waste which is so plainly visible to the naked eye, it might be well to consider some of the avenues through which waste constantly stalks unmolested.

Do many people ever take account of the *time* wasted, in even the best institutions? Imagination readily hears the bard of older days make his comparison today between the theft of money and time, rather than between money and character, and this is not because character is less valuable now, but because time (the needful space for action) is a rare constituent of the average man or woman's twenty-four-hour day and because there is generally a clearer appreciation of the fact that "time gone can never be regained."

When the busy hospital superintendent is interrupted in her legitimate work by the incidental caller with time on his hands that are unused to service, the waste is apt to be grievous.

When a whole group of people is kept waiting in the operating room for the chief surgeon, who fails to appear at the appointed hour, the waste of time and the drain upon the nervous energy of that group are greater than they would have been had the task been performed at the proper time.

The telephone has grown so important to modern life and the conduct of its affairs that one might almost say it is an essential element. but when one reaches the telephone from a remote part of the hospital to reply to a question whose answer should have been self-evident or at

least obtainable from any subordinate, one craves a life without telephones and deplores the waste of time.

Almost any waste of time is a very real and definite waste of money as, for instance, a dollar's worth of time spent in mending a fifty-cent garment is a waste; a highly paid employe engaged in doing the work of an unskilled workman is a waste and is exemplified when an officer of the institution substitutes for the telephone operator.

Waste is caused by time spent in traveling long distances to remote parts of the institution for supplies that should be kept nearer to the working base and could be easily so arranged by a little forethought and enterprise.

Again, are the various hospital duties performed more slowly than the average pace? Is time wasted in this manner? Do the nurses walk around the bed six times in making it, when four times would accomplish the task? It does not require a certified accountant to discover the waste in money by such procedures. More nurses and more employees are required, with a consequent outlay of more money for salaries and maintenance of the workers, not to mention the waste of good nervous energy and of good nurses by the poor training thus encouraged.

Possibly the present shortage of labor may prove somewhat of a blessing, in that employers and institutions are obliged to give more attention to detail in considering how more may be accomplished without increasing the number of laborers and the wear and tear upon them. Doubtless many hospital superintendents have been surprised at the ease with which some problems have almost solved themselves during these last strenuous months. Problems that seem impossible in the darkness of the night at the end of a tired day, disappear or become easily adjustable in the light of day. Thought, computation, and concentration upon the forms of waste in hospitals are the first steps toward a betterment of conditions, but the superintendent cannot stop there, she must press on to great activity in making her corrections. Her knowledge of human nature and the affairs of the world will soon tell her whether she is on the right course. Her institution will scarcely benefit by shifting the waste from one department to another, it must be eliminated and not transferred.

Following the waste of time and labor, should be mentioned that of material, which includes all sorts of supplies, but especially, in these war times, foods and surgical supplies.

There are many ways of wasting foods without knowledge of so doing. The most flagrant errors are made when too much is served the patients at one time. This condition arises when nurses, attendants, and others hope to save time and steps by forestalling the possibility of more than one small portion being required, and heaping the platter to "make sure and have enough. As a rule, more than the surplus is wasted, because



by having too much, the patient is unable to eat any. The same habits and procedures may be traced to any department of the hospital where people are fed.

Surgical supplies meet the same fate as the foods, but the waste is less easily controlled, because the conscience of the users cannot always be reached by appeals from the hospital administration whose deference for physicians and surgeons has always forbidden a "why or a wherefore" when excessive demands of any kind are made. With the conspicuous changes being made so rapidly by time and "the times," that condition is bound to pass.

Waste by unproductive effort, means loss in both time and material and is due to inefficiency. This brings us to the consideration of the human element, the most important factor, upon which all others depend.

If a chief executive is to be chosen, let her possess, with all the other qualities that will be demanded in her, those of good nature and a saving sense of humor. Upon her will largely depend the psychology of the hospital, the homeliness, the refinement, and the well-oiled machinery, invisible, noiseless, and efficient. Such a person should draw about herself a staff that will understand her ideals and coöperate with her in the administration of the hospital in as skilful and as economical a manner as possible.

If at specified times the heads of the departments should meet with the chief executive would not the results probably be these? All would have a knowledge of the needs of the hospital, also of its problems, and the combined knowledge and enthusiasm of the group would be applied to solving them. Would not new ideas be originated and, if adopted, track could be kept of their progress? Would not fewer errors be made in administration if discussion should precede action? Would not the other workers feel the spirit of this organization, whose efforts are entirely for the good of the hospital, and be inspired to give more helpful coöperation, especially in the elimination of waste?

The hospital should buy carefully and intelligently and endeavor by every means to prevent waste within its jurisdiction, but it will probably suffer from rising costs of the articles required until the manufacturers, the wholesalers, the middlemen, and the retailers come to an adjustment fair to all.

## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

**NEW TREATMENT FOR INFANTILE PARALYSIS.**—Dr. Roy Bernard of Chicago, writing in the *Medical Record*, advocates the use of a simple suspension apparatus, which is illustrated, in the restoration of function after infantile paralysis. When the upper extremities are involved, the suspension ring is placed directly over the cervical enlargement of the spine, at the junction of the fifth and sixth cervical vertebrae. When the lower limbs are affected, it is placed over the dorsal enlargement, at the juncture of the eleventh and twelfth. The patient is swung back and forth for about three minutes. This induces a local hyperemia which has a nutritive effect on the cells, and if they have not entirely degenerated produces astonishing results.

**TREATMENT OF WOUNDS WITH BEEF SERUM.**—The *Boston Medical and Surgical Journal* mentions a series of experiments in treating infected wounds, cellulitis, acute osteomyelitis, septic ulcers, burns and skin grafts, by the use of beef serum. The conclusion is that serum will control a septic process wherever contact is made between the serum dressing and the infected tissue. It is absolutely harmless to normal tissue. As a prophylactic agent in fresh wounds it is of value. Serum is a most marked stimulant of granulation. Grafting can and should be practiced earlier, following the use of serum, than under any other agent. Injections of unheated beef serum are followed by rise in temperature, usually slight, perhaps with chill, but the reactions are short and not severe. Used as a dressing to wounds, even large surfaces, it gives rise to no anaphylactic response.

**COLD AIR IN PNEUMONIA IN INFANCY.**—A writer in the *Journal of the American Medical Association* says that both infants and young children stand cold very badly. Some infants grow cyanosed and the whole system is depressed. Fresh air at a temperature not uncomfortable to the nurse is the correct procedure. If the incoming air passes over a warm radiator it is probably the ideal condition. Cold is not specific in the treatment of pneumonia, certainly not cold air.

**CESAREAN SECTION.**—A writer in the *Medical Record* enters a plea for the more frequent performance of Cesarean section in a certain class of cases. In clean, uncomplicated cases the mortality is given at 2 per cent. Contracted or deformed pelvis, eclampsia and toxemia of pregnancy, with convulsions at term with rigid cervix; then placenta previa with central implantation, tumor, or ruptured uterus during labor, are the most common indications. A high forceps operation is injurious to both mother and child, breech extractions are especially dangerous to the infant. If

craniotomy is necessary, the child's rights demand a Cesarean section and in other cases the mother is spared hours of untold suffering and the possibility of serious injury to the head of the child, affecting its mentality later.

**FLIES AND LIGHT.**—A French medical journal states that flies apparently see only white light. All the rays from green to orange appear to them as darkness. In a room lighted through pale blue glass they seemed to perceive nothing and they avoid rooms lighted through stained glass as if they were dark.

**DYSPEPSIA DUE TO HOT FOOD.**—The same journal expresses the opinion that a very large proportion of cases of dyspepsia are brought on and perpetuated by the habit of taking food and liquids too hot for the tissues to bear uninjured. Hot soups, tea, etc., taken on an empty stomach are particularly injurious. The hot fluid passes so rapidly through the mouth that the buccal tissues are not harmed. When the habit is overcome, dyspepsia arising from this cause improves markedly.

**TREATMENT FOR BURNS.**—A Buenos Aires medical journal states that a 10 to 15 per cent ichthyolized petrolatum has been successfully used in the treatment of burns. The dressings do not stick to the tissues and the remedy has great analgesic and healing powers.

**WAR AND HEALTH.**—The *Journal of the American Medical Association* quoting from *The Survey*, says the problems of tuberculosis, venereal disease, insanity, and recreation, which, even with all our highly intelligent and energetic propaganda, have hitherto interested only a handful of specialists, comparatively speaking, have suddenly become the common concern of all the branches of the federal and state governments which have anything to do with the fighting forces, and of everybody who has a son, or brother, or sweetheart, or even a mere acquaintance in khaki, or serge, or linen. The prospects are that the American soldier will be the most "protected" and best cared for individual that the world has ever seen, and that there will be protection and care left over for at least a part of the civil population.

**MANAGEMENT OF BEDSORES.**—The *Medical Record* has an article describing the methods used in the prevention and management of decubitus at the Kings County Hospital, Brooklyn, N. Y. Cleanliness, involving the prompt removal of any discharge, and change of position at least every half hour, day and night, are insisted upon. For local preventive treatment, the alternate application of heat and cold is advised, repeated as many times a day as is necessary. If the ulcerative stage is reached, a one-half per cent solution of the usual 40 per cent solution of formaldehyde, applied with a syringe, is recommended, the nurses' hands being protected. In the intervals of cleansing, the surface is dusted with subiodide of bismuth, to make a protective, absorbent, antiseptic layer

everywhere over the area. The dressing is repeated as often as is necessary for cleanliness.

**CONTROL OF NARCOTICS.**—As a result of recent disclosures in reference to the criminal drug traffic in New York the Federal Grand Jury has recommended that the entire manufacture and sale of opium, heroin, morphine and other narcotics be placed under the direct control of the Federal Government, which shall regulate prices, exports and imports.

**DRAFTS.**—In a paper on another subject in the *Medical Record*, the writer says drafts are only dangerous to the individual when he has perspired and the pores of the skin are open, at all other times drafts are beneficial, since air currents tend to purify the atmosphere. Colds are never contracted from drafts, but are due to infection, just as much as tuberculosis, for all gripes and colds are due to specific organisms. The germ of the former is the Pfeiffer bacillus and the latter is known as the bacillus of catarrh. They are spread in close and badly ventilated rooms by infected persons coughing into the air. Sleeping with the window open at night in winter and summer is highly recommended.

**MOSS AS A DRESSING.**—Sphagnum, or peat moss, which grows in large quantities in the state of Washington, is being cleaned and dried for Red Cross use. It is very light and easily shipped. The Germans have been using it on fresh wounds as a substitute for cotton, and say that it absorbs from seven to ten times its own weight in liquid, while cotton absorbs only six times its weight.

**EFFECT OF HIGH COST OF DRINKING.**—It is stated that the City Hospital of St. Louis was recently without a patient in the alcoholic ward and no patient had been sent in for treatment during a period of over forty-eight hours. The daily average during the last year has been about fifteen, with a record of forty-five. The shortage of patients is attributed solely to the high cost of liquor.

**RESULTS OF BARE NECKS.**—The *Medical Record*, quoting from a foreign contemporary, says as the result of going bare-chested for three years, women have developed an integument of very peculiar texture, with diffuse and lenticular pigmentation, telangiectasis (enlargement of capillaries), coarsening of the skin, keratosis of the follicles, and acne. The resistance of the skin to disease is also much lowered.



## LETTERS TO THE EDITOR

Note: The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

### WHAT ONE SCHOOL HAS DONE

Dear Editor: I am feeling so proud and pleased in regard to our training school that I want other nurses to know what ours have done. When the second issue of Liberty Bonds was put on the market, I had a talk with the students and suggested that they purchase the bonds by classes, and then left the matter to them. The classes are small, four in one, and two in another. I was pleased when the decision was made by each class to purchase a \$50 bond through the senior nurse of the class. We have just finished the drive in our city for the Y. M. C. A. You can imagine my pride when those three classes turned over their Liberty Bonds for the work for our soldiers. It was done on their own initiative, after they had listened to a talk by Brewer Eddy in regard to the uses to which the fund is to be put. The nurses of the school are all doing work in our local Red Cross service. All have made sacrifices and are giving freely of spare time to the work. Those of us who control schools, large or small, know what it means to the pupil, especially during class term, to give freely of time. This terrible war has done one thing for our small part of the world, there has been a centralizing and solidifying of interests, and now, no matter what the line of work, it all points straight as an arrow to service for our country.

New Hampshire

G. P. H.

### QUARANTINE LAWS

Dear Editor: I have recently been nursing a patient suffering from diphtheria. Up to the present time when engaged in similar work, I have always been allowed, and in some cases ordered, by the attending physician, to take a daily walk out of doors, which I am sure most nurses and physicians consider a most important part of a nurse's duty to herself and to her patient. I find, however, that the law in this state is that both nurse and patient shall be strictly isolated. Is not this an arbitrary ruling? I would like the opinion of my fellow nurses on the subject.

Massachusetts

M. P.

### LETTERS FROM RED CROSS NURSES

#### I.

Dear Editor: It may interest you to hear that we have started fortnightly professional "meetings." At these meetings we will have three papers, mostly prepared from articles in our JOURNAL, each followed by open discussion; they will be read by three different nurses and the discussions also will be opened by three different nurses. Several felt the want and need of such meetings, as we missed our alumnae, county and state meetings. So I suggested this to our chief nurse, Miss Hall, who kindly arranged at once for a preliminary meeting, at which I was elected chairman of a committee to arrange a program. Tonight we shall have our first meeting which will include the following papers: Current Events, Phyllis Dacey, discussion opened by Rose Cunningham; The Red Cross Nurse, Mary Wright, discussion, Eva

Parmelee; Monastir Road, Rose K. Butler. The meeting was a great success, especially well-attended and great interest shown. It was with deep regret that I resigned my former position, but the call was too tempting to resist, and I have been so very happy here. I am in charge of a surgical ward of thirty patients, with two nurses and two orderlies to help me. Captain C., the chief surgeon, is one of the most clever, and never-tiring young men I have ever met. He has done such wonderful work, and I consider myself very fortunate to work with him.

France

I. P.

## II.

Dear Editor: There are 45,000 soldiers in this camp. The buildings are not all finished as yet, and we have heat only a few hours a day. Let me tell you it is no colder in Rochester than it is here.

My detail is in the surgical ward, where there are many cases of fractured arms and legs, and much appendicitis. There has been only one death since I have been here. There are twenty-five wards open. The patients have ample room, good surgical beds, hair mattresses, feather pillows, bedside tables, and an abundance of clean linen. Each patient has pajamas and a bath robe, and lots of them never had them before. You would be surprised to know how many of them cannot write their own name, but they all appreciate everything that is done for them, and they are very nice to the nurses.

We are on duty only eight hours a day. On each ward there is a ward master and an orderly, who do the cleaning and the heavy work. Then as soon as the patients are well enough to be up and about, each one makes his own bed and helps about the ward, which leaves very little of the heavy work or cleaning for the nurses to do. The wards are immaculately kept. In connection with each ward is an office, diet kitchen, slush room, linen room, one private room, and a large bathroom with tub and shower. Each ward has thirty beds with liberal spaces between.

The Y. M. C. A. and the Knights of Columbus each have large auditoriums where some kind of entertainment is given every night for the boys.

The men get good food and plenty of it. They tell me that the boys in the barracks get better food than the boys in the hospital, so I think they fare pretty well. Of course some of them complain, but they have no reason to, for they get much more than any patient in a home hospital.

The nurses' quarters would be comfortable if we had heat. I have to wear my sweater on duty, and while in my room I wear my sweater and cape. Today it is very cold, I have wrapped myself in my blanket to try to keep warm.

The South.

A. J. M.

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## WORTH THE COST OF THE WAR

I suppose not many fortunate by-products can come out of a war, but if the United States can learn something about saving out of this war it will be worth the cost of the war; I mean the literal cost of it in money and resources. I suppose we have several times over wasted what we are now about to spend. We have not known that there was any limit to our resources; we are now finding out that there may be if we are not careful.—From President Wilson's speech to the War-Savings Committee.

# NURSING NEWS AND ANNOUNCEMENTS

## NATIONAL

### THE AMERICAN NURSES' ASSOCIATION

#### Nurses' Relief Fund, Report for November, 1917

##### Receipts

Previously acknowledged .....	\$1,913.97
Interest on bonds .....	65.00
Santa Cruz County Nurses' Association, Santa Cruz, Cal.....	3.25
Duval County Graduate Nurses' Association, Jacksonville, Fla.....	10.00
Alabama State Association of Graduate Nurses .....	19.00
Reading Hospital Alumnae Association, Reading, Pa.....	25.00
Moses Taylor Hospital Alumnae Association, Scranton, Pa.....	10.00
Los Angeles County Hospital Nurses' Alumnae Association, Cal.....	5.00
Janette F. Peterson, Chairman California Relief Fund Committee.....	77.50
Mrs. Avery, Panama, Metropolitan Hospital Alumnae.....	5.00
Lutheran Hospital Alumnae, Cleveland .....	50.00
Newark City Hospital Alumnae Association, Newark, N. J.....	50.00
S. Henrietta Myers, Savannah, Ga.....	5.00
Alameda County Nurses' Association, California.....	100.00
Alumnae Association of the Training School of the Medico-Chirurgical Hos- pital, Philadelphia .....	25.00
Carbondale Emergency Hospital Alumnae Association, Pa. ....	25.00

**\$2,353.72**

##### Disbursements

Application approved No. 1, 34th payment .....	\$ 5.00
Application approved No. 2, 23rd payment .....	5.00
Application approved No. 6, 19th payment .....	15.00
Application approved No. 7, 13th payment .....	15.00
Application approved No. 11, 10th payment .....	15.00
Application approved No. 12, 8th payment .....	10.00

**65.00**

**\$ 2,288.72**

16 bonds, par value .....	16,000.00
2 certificates of stock .....	2,000.00
4 Liberty Loan Bonds .....	4,000.00

**\$24,288.72**

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, treasurer, 419 West 144th St., New York City, and cheques made payable to the Farmers Loan & Trust Company, New York City. For information address Elizabeth E. Golding, Chairman, 132 East 45th St., New York City.

M. LOUISE TWISS, Treasurer.

#### TO THE PRESIDENTS OF STATE ASSOCIATIONS

Before final adoption, copies of the revised constitution and by-laws should be sent to the secretary of the American Nurses' Association, Katharine DeWitt, 45 South Union Street, Rochester, N. Y., and to the chairman of the Revision Committee, Sarah E. Sly, Birmingham, Mich. This is absolutely necessary in order to make certain that the changes which have been made conform to the requirements of the American Nurses'

Association. A questionnaire was sent out by the Committee on Revision in December, for the purpose of ascertaining the progress which each state is making in the work of reorganization. The State Presidents are requested to push the work as rapidly as possible, and to let the chairman know in what way she can be of assistance to them.

SARAH E. SLY, Chairman.

The Committee on Nursing of the Council of National Defense has secured for one month the services of Helen F. Boyd, who is to make a study of Public Health Nursing needs in Connecticut. The Committee is being assisted by several volunteer workers: Mrs. Frederick A. Besley, of the Illinois Training School; S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, who has been released for one month from her duties as superintendent; and Louise Shelley, Presbyterian Hospital, New York, who has come from Texas to do volunteer service for about six weeks.

#### ARMY NURSE CORPS

#### IMPORTANT INSTRUCTIONS TO MEMBERS OF THE ARMY NURSE CORPS DESIGNATED FOR SERVICE ABROAD

It has been brought to the attention of the Surgeon General's office that considerable information of military importance becomes public due to the fact that members of the Army Nurse Corps send out a great deal in letters and on postcards to relatives and friends, by whom it is made public. The Surgeon General therefore directs that all nurses exercise the greatest amount of care to prevent any military information from leaking out, and to refrain from discussing in public or mentioning in private letters anything whatever which might be of military value to the enemy. Details of importance become public through publication of letters. The publication of letters is generally objectionable, because very frequently they carry information harmless in itself, but seriously harmful when connecting other items of apparently harmless matter.

Nurses are also cautioned to avoid giving out any information in regard to dates of sailing to Europe and the names of the boats upon which they expect to sail. Attention is invited to the fact that the giving out of information of this nature jeopardizes the life of every person on the vessel. They should give out no information to any person whatsoever regarding the patrols for the protection of ships, no names of ports or embarkation, departure, arrival or debarkation, and no routes pursued. Letters to friends announcing departure should be left with the chief nurse at the mobilization place, with instructions not to mail them until fully two weeks after the departure of the nurse. As before stated, these letters must not give the date of departure nor the name of the ship upon which the nurse sails for Europe.

DORA E. THOMPSON,

Superintendent, Army Nurse Corps.

**Appointments.**—Mary J. Judge, graduate of St. Raphael's Hospital, New Haven, Conn.; Laura E. Harris, Sibley Memorial Hospital, Washington, D. C.; Marjorie L. Reed, Seattle General Hospital, Seattle, Wash.; Maude N. Burks, Physicians' and Surgeons' Hospital, San Antonio, Tex.; Ida M. Maple, Louisville City Hospital, Louisville, Ky.; Margaret Bryce, Tacoma General Hospital, Tacoma, Wash.; Delphia Poston, King's Daughters' Hospital, Temple, Tex.; Mary C. Butz, Medico-Chirurgical Hospital, Philadelphia, Pa.; Irene M. Flinn, St. Raphael's Hospital, New Haven, Conn.; Camilla G. Booth, Michael Reese Hospital, Chicago, Ill.; Dotta D. Applebee, Wesley Hospital, Oklahoma City, Okla.; Mary L. Carney, St. Peter's Hospital, Albany, N. Y.; Katherine D. Flynn, St. Vincent's Hospital, N. Y.; Florence Goodenow, Warren State Hospital, Warren, Pa.; Arvilla Hankemeyer, Thomas Hospital, Peabody, Mass.; Sophie R. Heath,



John Sealy Hospital, Galveston, Tex.; Sue McNorthney, St. Joseph's Hospital, Tacoma, Wash.; Eva M. Sadler, Altoona Hospital, Altoona, Pa.; Emma E. Schultz, Manhattan State Hospital, Ward's Island, N. Y.; Adelaide T. Short, St. Vincent's Hospital, Portland, Oregon; Elizabeth Sheridan, St. Elizabeth's Hospital, Boston, Mass.; Lola A. Williams, Good Samaritan Hospital, Portland, Oregon.

**Transfers.**—To Letterman General Hospital, San Francisco, Cal.: Katharine Quinn, Kathleen H. McCarty, Mina S. Keenan, Ella J. Brown, Katherine C. Kocyan, Cora Lee Tompkins. To U. S. Army Base Hospital, Camp Hancock, Augusta, Ga.: Penelope MacDermott, with assignment to duty as chief nurse. To U. S. Army Base Hospital, Camp Custer, Battle Creek, Mich.: Maude M. Arnold. To U. S. Army Base Hospital, Camp McClellan, Anniston, Ala.: Nellie V. Close, with assignment to duty as chief nurse, Maebelle Atkinson. To U. S. Army General Hospital No. 1, New York, N. Y.: Anna B. Carlson, with assignment to duty as chief nurse, Ruby E. Nichols, Clara E. Elwanger. To U. S. Army General Hospital, Fort Bayard, N. Mex.: Dessie M. Lansche, Ida P. Owen, Ethel I. Ward. To U. S. Army Post Hospital, Fort Andrews, Mass.: Elizabeth B. Messner, with assignment to duty as chief nurse. To U. S. Army Base Hospital, Camp Kearney, Linda Vista, Cal.: Sophia Rutley, with assignment to duty as chief nurse. To U. S. Army Base Hospital, Camp Wheeler, Macon, Ga.; Ida Lagasse, Elsie Langohr, Laura E. Harris, Mabel C. O'Hara, Emma E. Schultz, Elizabeth Sheridan, Mabel Sessions, Annie M. Greene. To U. S. Army Base Hospital No. 1, Fort Sam Houston, Tex.: Mildred Carter, Dorothy B. Seton. To Surgeon General's Office, Washington, D. C.: Edith A. Murry, with assignment to duty as chief nurse, and assistant to Superintendent, Army Nurse Corps. To Walter Reed General Hospital, Takoma Park, D. C.: Bessie E. Cowdery, Mildred L. Johnson, Catherine C. McGrath, Mabel Berry, Nellie E. McGovern. To U. S. Army Base Hospital, Fort McPherson, Ga.: Jane C. Flynn. To U. S. Army Base Hospital, Camp Gordon, Atlanta, Ga.: Pauline W. Doe, with assignment to duty as chief nurse, Mrs. Bertha M. Kieft. To U. S. Army Base Hospital, Camp Upton, Yaphank, Long Island, N. Y.; Florene Goodenow, Cecelia Brennan. To Department Hospital, Manila, P. I.: Marie I. Caldwell. To Ellis Island, N. Y.: Mary O. Jorgenson, with assignment to duty as chief nurse, Helen R. Brandon.

**Resignations.**—Mary T. Burrell.

**Discharges.**—Myra V. Eyster, Mary Seymour.

#### RESERVE NURSES—ARMY NURSE CORPS.

**Assignments.**—To U. S. Army Base Hospital, Camp Beauregard, Alexandria, La., from Alexandria, La., Corine Wells, Nezzie Delaney; from Albany, N. Y., Elizabeth E. Earl, Merilda Charbonneau, Mary E. Brady; from Bergen, N. Y., Anna C. McKenzie; from Reading, Pa., Mabel E. Schofer; from New Orleans, La., Eva Canterbury, Betty A. Hudson; from Corpus Christi, Tex., Mrs. Olive K. Redmond; from Philadelphia, Pa., Anna L. Kohl, Alice M. Shepard; from Yemassee, S. C., Mary L. Read; from Lawrence, Kan., Marguerite Bullene; from Chicago, Ill., Olive E. Cline, Ruie B. Ginn; from Memphis, Tenn., Mrs. Frances E. Hogg; from Donaldsonville, La., Mrs. Laura M. Bradford; from Geneva, N. Y., Margaret S. Hill; from Santa Barbara, Cal., Beatrice A. Keogh; from Columbus, Neb., Emma Sheridan.

To U. S. Army Post Hospital, Fort Benjamin Harrison, Ind., from Camden, N. J., Elizabeth M. Bartlett. To U. S. Army Base Hospital, Camp Cody, Deming, N. Mex., from Sioux City, Iowa, Catherine Hoffman, Ida Anderson, Florence Griswold, Eva Delbridge; from Toulon, Ill., Julia W. Jackson; from Peoria, Ill., Margaret M. Yates; from Mason City, Ill., Lillian Yardley. To U. S. Army Base Hospital, Camp Devens, Ayers, Mass., from Worcester, Mass., Edna L. Mahar, Ruth E. Wier, Mrs. Alice D. C. Morse, Lillian E. Regan, Virginia Kennen; from Portland, Me., Anna Petersen; from Newport, N. H., Harvena J. Brown; from Bluehill, Me., Flora A. Hinckley; from Concord, Mass.,

Mrs. Anna Frances Pope; from Saratoga Springs, N. Y., Ruth Dias; from Chelsea, Mass., Margaret B. Angus; from Boston, Mass., Laura F. Carney, Mary A. Stuart, Gertrude C. Batterbury; from West Lynn, Mass., Alice C. Marshall; from Newton Center, Mass., Honora F. Hurley; from Ayer, Mass., Mary M. Murphy; from Willimantic, Conn., Olive M. Rollinson; from North Grafton, Mass., Gertrude I. Knowlton.

To U. S. Army Base Hospital, Camp Bowie, Fort Worth, Tex., from Dallas, Tex., Marie Stroupe, Sophia A. Ewart, Justine A. Blasi, Anna F. Blasi, Nora K. Cantwell; from Cromwell, Conn., Helen T. Abel; from Hartford, Conn., Vida E. Hallwright, Mary A. Furey, Helen A. Hart; from Mitchell, S. D., Ella R. Wright; from White Plains, N. Y., Sara E. Anderson; from New York, N. Y., Lorraine T. Beatty, Florence L. Athay; from Minneapolis, Minn., Florence E. MacNamara, Lida Jame Dewey, Elizabeth Urnes; from Omaha, Neb., Ethel E. Ross; from Stratford, Iowa, Myrtle Peterson; from Fort Wayne, Ind., Elsie Bormann, Bernice L. Duntin, Roxie S. Fife, Lillie M. Garard, Elsie M. Sperry, Mable M. Glock, Inez A. Gross, Lillian A. Jenkins, Frances F. Keyser, Ada M. Ziller; from Des Moines, Iowa, Lillian M. Brod, Edna E. Bunch, Carrie M. Tilton; from Fort Wayne, Ind., Josephine Krick, Fern A. Reidenbach, Leota J. Shilling; from Kansas City, Mo., Anna L. I. Hintze, Gertrude L. Spokesfield, Otilie L. Haitz, Mary H. McGrath; from Detroit, Mich., Vira M. Atchinson; from Pasadena, Cal., Jean F. McNair; from Austin, Tex., Ellen B. Johnson; from Winterset, Iowa, Beulah A. Feely; from Fort Worth, Tex., Ella M. Behrens; from North Manchester, Ind., Iva Lehman; from El Paso, Tex., Alpha F. Black.

To U. S. Army Base Hospital, Camp Dodge, Des Moines, Iowa, from Des Moines, Iowa, Eva Sherlock, Hazel M. Eveland, Elsie R. C. Harmsen; from Reynolds, Ill., Estelle M. Mallette; from Grand Forks, N. D., H. Florence De Sauter, Hulda Q. Larson, Mary N. Roller, Mathilda Thompson, Minnie E. Traynor; from St. Paul, Minn., Mrs. Elizabeth I. Mitton, Mae E. McVeety, Mary C. O'Reilly; from Milwaukee, Wis., Alma H. Brunk, Gudrun Myrseth, Gertrude K. Zollman, Agnetta A. Hawley, Margaret Consideine; from Dodgeville, Wis., Alice Norton; from Chicago, Ill., Isabel F. Shannon, Dease Greek, Jessie L. Calkins, Bernadine A. Fennelly, Mabel K. Adams; from Cincinnati, Ohio, Mrs. Minette D. Palmer, Jessie E. Wenzel; from Iowa City, Iowa, Sophia Potgeiter; from Cedar Rapids, Iowa, Margaret Smyth, Jessie M. Willson; from Topeka, Kan., Mary B. Beyer; from Harlem, Iowa, Olive M. Cullison; from Fargo, N. D., Mabel E. Farr; from Omaha, Neb., Fay V. Hicks; from Hancock, Mich., Sofia K. Johnson; from Stanton, Iowa, Florence T. Sellegren; from Detroit, Mich., Inez L. Smith; from Mason City, Iowa, Henrietta A. Wirtz.

To U. S. Army Base Hospital, Camp Gordon, Atlanta, Ga., from Philadelphia, Pa., Beulah E. Cope; from North Adams, Mass., Elizabeth G. Quinby, Frances T. Wright, Jessie Adams; from Pittsfield, Mass., Ivy Dolby, Katharine A. Kenney, L. Grace McLaughlin, Julia Mowry, Eva Maria Pickup, Mabel A. Spence, Amanda L. Stewart, Amy H. Wells; from Atlanta, Ga., Edna E. Alexander, Margaret F. Evans, Caroline C. Hill, Annie M. Luckie; from Bloomington, Ill., Ethel M. Irwin, Carolyn M. Schertz, Florence Schreiner; from Macon, Ga., Bernice M. Schmidt; from Quincy, Ill., Esther Harrod; from Taunton, Mass., Katherine W. Kirkpatrick; from Freidensburg, Pa., Anna M. Stauffer.

To U. S. Army Base Hospital, Camp Grant, Rockford, Ill., from Chicago, Ill., Isabel Williams, Alpha Hoover, Florence Baum, Elizabeth C. Craig, Caroline M. Donsing, Anna L. Newell, Vera M. Douglas, Marie B. Groves, Mary M. Rolly, Marie O. Skyrud; from Madison, Wis., Vivant M. Stewart. To U. S. Army Base Hospital, Camp Jackson, Columbus, S. C., from Elizabeth, N. J., Claire Jones; from Naugatuck, Conn., Elsie McI. Safford; from Princeton, W. Va., Callie L. Duncan; from Lynn, Mass., Annie M. McCafferty, Maude E. Richards; from Bradford, Pa., Lucretia Whitaker; from Warren,

Pa., Isabella S. Wilson; from Meriden, Conn., Jennie E. Pratt; from Augusta, Ga., Margaret H. Culbertson, May P. Harrell; from Cleveland, Ohio, Wilhelmena A. Doeckert; from Buffalo, N. Y., Mary Eliza O'Day; from Malden, Mass., Josephine O'Connor; from New York, N. Y., Viola K. Mansfield, Mrs. Oriel Gulli Davis; from Rochester, N. Y., Catherine M. Flannery, Marguerite C. Shirriffs, Edna L. Moat, Jessie T. Parsons, Adeline Thomas; from Utica, N. Y., Marie S. Antes, Anna M. Harlfinger, Rosalie Hofmeister, Myra E. Watkins; from Woodbury, N. J., Sarah C. Hetherington; from Merrimac, Mass., Marion W. Sargent; from New Haven, Conn., Edna L. Draper, Iva J. Fanning, Blanch Williams; from Carlisle, Pa., Mary C. Graham; from Marion, S. C., Katherine Porter; from Atlanta, Ga., Frances Templeton.

To U. S. Army Base Hospital, Camp Greene, Charlotte, S. C., from Chicago, Ill., Cora Bader; from Richmond, Va., Bessie M. Chapman, Martha S. Pigg, Lucy H. Daniel, Elizabeth M. Jones, Nannie H. Jones, Annie M. C. Campbell; from Baltimore, Md., Marie B. Kelley; from Philadelphia, Pa., Frances B. Leakway, Katherine McConaghy, Ella W. Millard, Maud M. Phillips, Anna E. Porter, Blanche E. Troxell, Bessie A. Sheely, Agnes M. Archer, Kathryn J. Wolfgang, Mae A. Dreisigacker, Ella D. Houston; from Charlotteville, Va., Elizabeth W. Peyton; from Sewickley, Pa., Alice B. Agnew, with assignment to duty as chief nurse; from Greenville, S. C., Lila A. Condon, Bessie M. Warwick; from Elizabeth, N. J., Clara K. Wenke; from New York, N. Y., Antoinette M. Paige, Margaret R. Ray, Elizabeth Mc Nerney, Jane W. Barry; from New Rochelle, N. Y., Nora T. O'Conner; from Syracuse, N. Y., Nellie Driacoll, Helena M. Harrison, Bertha M. Boyd, Mary Priest Wight; from East Onondaga, N. Y., Margaret A. MacDill; from Albany, N. Y., Ann O'Connor, Kathryn T. Quinlan; from Utica, N. Y., Genevieve Rowell, J. Georgia Landon, Mary C. Lasell; from Auburn, N. Y., a Lillian Johnson, Frances E. King; from Pittsburgh, Pa., Mary K. Sattler, Mae Perrine, Wilma Forster; from Brandywine Summit, Pa., Rosa A. Cassidy; from Milford, Mass., Kathryn L. Ruban.

To U. S. Army Base Hospital, Camp Kearney, Linda Vista, Cal., from Los Angeles, Cal., Nelle A. Sullivan, Mary Brake, Lucy L. Dougan, Avis M. Farley, Marion G. Gray, Mrs. Rosalie V. Hull, Elsie F. Roper, Hazel R. Sass, Mrs. Lena Tollman; from Oakland, Cal., Sophia M. Balch, Mary R. Edwards, Janet P. Spears; from Berkeley, Cal., Catherine R. Christensen, Agnes E. Dunlop; from Seattle, Wash., Hulda Cooke, Helen F. Johnson; from Santa Barbara, Cal., Pearle Howeth, Clara M. Jones; from Sioux Falls, S. D., Esther Nelson; from Forsyth, Mont., Lucinda M. Newton.

To U. S. Army Base Hospital, Camp Lee, Petersburg, Va., from Bluemont, Va., Anna B. Chamblin; from Middletown, Conn., Florence Burton; from S. Ashburnham, Mass., Pearl E. Russell; from New York, N. Y., Jessie Kennedy Robertson, Louise K. Sessler; from Providence, R. I., Helen T. Waldron, Alice C. Harris; from Boston, Mass., Grace L. Bartlett, Amelia Chadwick, Marion L. Humphrey, Sophia T. Raport, Christina M. Russell, Grace A. Hanly, Celia M. Crosse, Eva M. Muirhead, Clara L. Beckwith, Myrtis F. Davidson; from University, Va., Edith V. Perry, Kathleen Lauriault, Dorothy B. Stranger, Ruth Moran, Elizabeth L. Brown, Ina H. Sands, Ella K. Fife; from Weyers Cave, Va., Merle Kagey; from Richmond, Va., C. Ruth Atkins, Hattie E. Hargrave, Hallie B. Inge, Anna L. Jerdone, Lucy W. Jeffrey; from Upper Montclair, N. J., Elizabeth J. Donnelly; from Attleboro, Mass., Rosa A. Antia; from Pawtucket, R. I., Florence A. Larson, Ruby E. Vose.

To U. S. Army Base Hospital, Camp Lewis, American Lake, Wash., from Colville, Wash., Harriet Johnston; from San Francisco, Cal., Ella McKay; from St. Paul, Minn., Emma Stenerson; from Spokane, Wash., Marion Reid, Lillian M. Gray, Inza G. McKernan; from Hoquiam, Wash., Marjorie MacEwan; from San Diego, Cal., Agnes A. Einer; from Seattle, Wash., Rosanna Gallagher, Thora Dronmann, Helen P. Noaler,

Johanna K. Rasmussen, Edna M. Smith, Kathryn Morgan, Irby Crawford, Mary Cunningham, Jeanette Downey; from Duluth, Minn., Annie L. MacMillan; from Minneapolis, Minn., Freda R. Mielke; from Fargo, N. D., Marie M. Stenseth, Mabel Olson, Mary L. Hanson, Julia M. Jerde, Osa Oppedal, Clara M. Qualheim; from Portland, Ore., Maud Anderson, Montie Coldwell, Sadie Hubbard, Delaine McCullough, Rita Mayae, Louise O. Summers; from Glasgow, Mont., Lucy Walters; from Great Falls, Mont., Grace Gibson; from Lincoln, Neb., Bease M. McCann, Abbie B. Shafranek, Minnie E. Hellner; from Owatonna, Minn., Hulda Roterig; from Monrovia, Cal., Beas A. Ulm; from Los Angeles, Cal., Ethel A. Fisher, Laura M. Gibson, Harriet H. Baird; from Bismarck, N. D., E. Victoria Lindor, Olga Engstrom; from Watsonville, Cal., Petrea W. Ludwig; from Omaha, Neb., Anna Skov; from Rapid City, S. D., Cridie M. Carr, Sarah H. Smith.

To U. S. Army Base Hospital, Fort McPherson, Atlanta, Ga., from Wilmington, N. C., Margaret J. Graham; from Rochester, N. Y., Mabel M. Schoenemann, M. Gertrude Martin, Louisa Odam; from Birmingham, Ala., Althea V. Lattimer.

To U. S. Army Base Hospital, Camp McClellan, Anniston, Ala., from Rochester, N. Y., Clara H. L. Walde, Ruth M. O'Connor, Anna L. Eckam, Thresa E. Boyle, Ada Camp; from New York, N. Y., Elizabeth Galena, Rachel Goldgar, Josephine V. Nadler, Jeanette Morrison, Tessa M. Munder, Frances W. Moeschon, Marie L. Lorenz; from Hazelton, Pa., Susan E. Tinner; from Alabama City, Ala., Mary V. Hamilton; from Astoria, Long Island, N. Y., Frances P. Galena; from Towson, Md., Grace Bramble; from Philadelphia, Pa., Edith M. Wengel.

To U. S. Army General Hospital No. 1, New York, N. Y., from New York, N. Y., Annie F. Martin; from Lubec, Me., Ada R. Clark; from Washington, D. C., Mary A. Galbaly; from Wilmington, Del., Sarah A. Gorman; from Cambridge, Mass., Gertrude M. Knowlton. To U. S. Army Base Hospital No. 5, Nogales, Ariz., from Fort Defiance, Ariz., Effie M. Greene; from Birmingham, Ala., Frances I. Ransom, Kate Champion, Mae Rowan; from Buffalo, N. Y., Minnie J. Cannon; from St. Louis, Mo., Beryl E. Hamilton; from Oklahoma City, Okla., Gertrude R. Molloy. To U. S. Army Base Hospital, Fort Ontario, New York, from East Orange, N. J., Virgie R. Hoke. To Provisional Base Hospital, Fort Oglethorpe, Ga., from Patterson, N. J., Jean D. Turner. To U. S. Army Base Hospital No. 1, Fort Sam Houston, Tex., from San Angelo, Tex., Elizabeth A. Kloth; from Cleveland, Ohio, Margaret B. O'Donnell.

To U. S. Army Base Hospital, Camp Pike, Little Rock, Ark.; from Omaha, Neb., Lela L. Crabb, Mae Davis, Nellie Stevens; from New York, N. Y., Christina A. Duff, Mary A. Lang, Gertrude B. Tobin; from Philadelphia, Pa., Edith L. Muir; from Chicago, Ill., Emma M. Falkinburg, Walborg E. Blomquist, Loretta C. Casey; from Boulder, Cal., Estelle R. Curry; from St. Louis, Mo., Katherine A. Harke, Della C. O'Neill, Bertha C. McKenzie, Myrtle O. Suits, Mary A. Casey, Mary R. Borals, Julia E. Finney, Mary C. Normile; from Helena, Ark., Helen K. Blacknall; from Springdale, Ark., Eva Atwood; from Ashtabula, Ohio, Hilda S. Gran; from Denver, Col., Elizabeth M. Block, Nellie McAnelly, Tracy Van Der Linde, Gertrude E. Pershing, Helen M. Smith; from Waco, Tex., Ellie E. Tiffany; from Dallas, Tex., Clara M. Bowman, Elizabeth E. Hickey, Cathryne Masters.

To U. S. Army Base Hospital, Fort Riley, Kan., from Fort Wayne, Ind., Margaret E. Carney, Nora Johansen, Estella O. Lehman; from Topeka, Kan., Martha E. Keaton; from Rochester, Minn., Antoinette Bonnstetter; from Lead, S. D., Helen Barclay; from Milwaukee, Wis., Bertha L. Krueger, Helen F. Randall, Violet C. Talty, Blodwyn Lloyd Roberts, Olga Lucka, Margaret E. Campbell, Agnes E. Bill; from Davenport, Iowa, Mildred K. Leamer; from Albany, N. Y., Mary Lord; from Wichita, Kan., Ella P. Dennis; from St. Louis, Mo., Mary A. Callahan; from Rockford, Ill., Sara A. Haley;



from Elgin, Ill., Caroline B. Matsen; from Helena, Mont., Harriet O'Day, Edna C. Wells; from Chicago, Ill., Louise A. Knauer, Cecelia Hillstrom, Victoria Carlson, Alice E. Casperson; from Spokane, Wash., Leora Worthington, Clara M. Quinlan, Ruth Fry, Ethel M. Hargitt, Mrs. Eva Morrison; from Los Angeles, Cal., Mrs. Isabelle W. Silverthorne; from Kansas City, Mo., Anna B. Cole, Adaline L. Cox, Lottie R. Hollenback, Bird B. Hugley, Karen M. Schou; from New York, N. Y., Inez H. Sager, Wilhelmina Schulte.

To U. S. Army Base Hospital, Camp Sevier, Greenville, S. C., from Washington, D. C., E. Ada Haydon; from Birmingham, N. Y., Lillian B. Dixon, Emma Anderson; from New York, N. Y., Jennie Farley, Beatrice M. Quin, Agnes B. Sutherland, Gertrude M. Kilduff, Nellie L. Cumiskey, Grace W. Blackwell, Mrs. Jean O'Leary, Anna C. Braun, Josephine A. Allison, Loutie I. Baker; from Philadelphia, Pa., Eleanor N. Gilbert, Clara A. Smitherman, Margaret J. Love; from Newark, N. Y., Zoe G. Loy; from Clarksburg, W. Va., Allie Magoon; from Burlington, Vt., A. Bessie Pratt; from Grafton, W. Va., Elizabeth Kenney; from Miami, Fla., Marie K. Brown; from Tarboro, N. C., Clara Louise Ruth; from Albany, N. Y., Ruth M. Spence, Effie S. Czerwinaki, Frances A. Burns; from Troy, N. Y., Phoebe L. Greer, Alice C. Conlin; from Paducah, Ky., May W. Neighbors, Bessie G. Ray; from Jacksonville, Fla., Florence I. Bean; from Danville, Ky., Ethel Allman; from Bronx, N. Y., Della Coghlan; from Baltimore, Md., Anna R. Medcalf; from Augusta, Ga., Pearl E. Medlock.

To U. S. Army Base Hospital, Camp Shelby, Hattiesburg, Miss., from Binghamton, N. Y., Wilhelmina J. Bairstow; from New York, N. Y., Charlotte E. Hall, M. Helen Gainey, Lillian L. Groo, Grace E. Leves, Hiro Seki, Marguerite B. Sprague, Louise Ganssele, Mrs. Nellie Hendrick; from Flushing, N. Y., Mary E. Sloane; from Rochester, N. Y., Cecelia Sullivan; from St. Louis, Mo., Louise M. Cordts, Lydia Fricke, Minnehaha Harris, Louise Lindemann, Bertha L. Rose; from Cleveland, Ohio, Jeanette T. Storey, Grace A. Stevens, Alice G. Kurgs; from Pontiac, Mich., Marie S. Kier; from Brooklyn, N. Y., Marietta A. Crane, Olga C. Hallstrom, G. Vivian Kerr, Pauline Lovering, Anna L. Young; from Jersey City, N. J., Delza E. Fuller; from McDowell, W. Va., Gladys de Venny; from Baltimore, Md., Frances L. Jennings, Hazel L. Schweizer, Laurence Stevens, Nellie G. Storey, Nellie B. Young.

To U. S. Army Base Hospital, Camp Taylor, Louisville, Ky., from Louisville, Ky., Mary E. Van Arsdell, Jeanette A. Miller, Lillie M. Craig, Anna Kincald, Edna H. Drane, Josie Pendleton, Annie E. Flynn, Anna Stuckey, Viola E. Taffe, Mabel F. Peters, Elizabeth B. Shiplet, Mrs. Margaret J. Arnold, Anna C. Thompson, Buena V. Fagan, Jennie A. Raine; from Maryville, Tenn., H. Frances Postlethwaite; from St. Paul, Minn., Lydia Alquist, Irene Labrie; from Philadelphia, Pa., Marie A. Bergstresser; from Mankato, Minn., Mary E. Cornish; from Indiana, Pa., Ruth E. Hagerman; from Dorchester, Mass., Mary A. Heinemeyer; from Wollaston, Mass., Elizabeth F. Phelan; from Rochester, N. Y., Sarah A. McCann; from Columbia, S. C., Edith M. Bruce; from Detroit, Mich., Beatrice M. Dunlop, Floasis Miller, Georgina Reid, Edith M. Pardon; from Paducah, Ky., Angie M. Harrison; from Jackson, Mich., Emmeline L. Moncrieff; from Norwood, Mass., Kathryn Price; from Westfield, N. Y., Nellie A. Watson; from Chicago, Ill., Augusta Burg, Elizabeth R. Baldwin, Mabel L. McKittrick, Helga Melby, Rosaling S. Lindstrom, Leila A. Swanson; from South Bend, Ind., Susan M. Cutter, Olive M. Bailey; from Cincinnati, Ohio, Rosemary Corrigan, Mae A. Brennan, Bertha M. Butterfield, Ada Campbell, Helena Tracy; from Lexington, Ky., Ina M. Black, Mrs. Selah K. Baird, Lucinda F. Collins, Alberta R. Mitchell; from Georgetown, Ky., Sara F. Mulberry; from Minneapolis, Minn., Olivia J. Butler, Barbara Hazel; from Pittsburg, Pa., Mrs. Ada K. Taylor, Mabel Vensel; from Huntington, W. Va., Leonora J. Brown; from Hopkinsville, Ky., Paasy V. Jenkins; from Nicholasville, Ky., Ethel M. Miller.

To U. S. Army Base Hospital, Camp Sherman, Chillicothe, Ohio, from Cincinnati,

Ohio, Theresa Botta, Mary E. Weber, Mabel T. Van Vleet, Nellie J. McCorkle, Grace McCullough, V. Mildred Deputy, Anna Sutter Ada M. Richey; from Cromwell, Conn., Jessie T. Abel; from Columbus, Ohio, Sina A. Mischler; from Toledo, Ohio, Jane M. McPhillips, Mrs. Marie J. Horka; from Cleveland, Ohio, Mrs. Zoe McCaleb, Montie Dial, Emma M. Curran, Leota M. Roasberry, Gertrude C. Kinser; from Canton, Ohio, Ruth E. Young; from Dayton, Ohio, Otella Slorp; from Ludlow Falls, Ohio, Nina Hoffman; from Lima, Ohio, Minnie C. Tolby, Anna E. Kerna, Margaret B. Stone; from Pittsburgh, Pa., Katherine E. Moist, Edith E. MacNaughton, Kathryn M. Joyce, Mabel G. Hudson, Emma Grier; from Buffalo, N. Y., Louise A. Madsen; from Defiance, Ohio, Gertrude Smith.

To U. S. Army Base Hospital, Camp Upton, Yaphank, Long Island, N. Y., from New York, N. Y., Jean M. Watt, Jean T. Brown, Amelia C. Winanta, Charlotte E. McMann, Nora B. Phillips; from Washington, D. C., Bertha E. McAfee, Leola L. Nichols, Winifred S. Nichols; from Lyons, N. Y., Florence E. Hano; from Saylesville, R. I., Sarah Henderson; from Newton, Mass., Gertrude Holmes; from Fall River, Mass., Sarah E. O'Connor; from Rochester, N. Y., Alyda Updyke.

To Walter Reed General Hospital, Takoma Park, D. C., from New York, N. Y., Pearl M. Saunders; from Los Angeles, Cal., Mrs. Julia A. Henry; from Waltham, Mass., Elizabeth Ormand; from Jersey City, N. J., Julia A. Lawler; from Jessup, Md., Jeanette Bohn; from Philadelphia, Pa., Jessie B. Love, Diana Lewis; from Birmingham, Ala., Eida E. Petersen.

To U. S. Army Base Hospital, Camp Wheeler, Ga., from Tucson, Ariz., Jane Bouse; from Iowa City, Iowa, Anna M. Madsen; from Columbus, Neb., Estelle Matzen; from Towson, Md., Daphne Yates; from Cleveland, Ohio, Florence E. Walker; from Brooklyn, N. Y., Emily G. Olson, Ola F. Rahn, Mildred M. Overton, Melva E. Spare, Catherine E. Wall, Anna A. Boyle; from Marshalltown, Iowa, Hazel J. P. Robbins; from Omaha, Neb., Nettie Budler, Bethene Wake; from Atlanta, Ga., Ella M. Brown, Serena Brown, Louise N. Hazlehurst; from New York, N. Y., Margaret J. Skinner, Grace M. Osborne, Hazel M. Trowbridge, Lilla G. Work, Edith O. Jones, Mildred Clark; from Pittsburg, Pa., Laura F. Bear, Florence L. Hodgson, Alice B. Tozer; from Spring Lake, N. J., Mary H. Smith; from Rosendale, Mass., Helen G. O'Dea; from Macon, Ga., Sara E. Dossey; from Clarks Summit, Pa., Beatrice R. Carson; from Scranton, Pa., Agnes A. Farrell, Mary S. Hart, Helen E. Snyder; from Sayre, Pa., Mildred R. Wells; from Portland, Me., Frances E. Leonard; from Philadelphia, Pa., Agnes E. Lord, Mrs. Eleanor S. Bowman, Georgina A. Tait, Katherine L. Rhodes; from Jersey City, N. J., Charlotte Russell, Martha Townsend; from Rochester, N. Y., Anne M. Toal; from Syracuse, N. Y., Cassie A. White, Louise F. Cramp; from Ithaca, N. Y., Lydia G. Cotton, Helen I. White; from Oneida, N. Y., Katherine A. Corcoran; from Galetton, Pa., Mary F. Sackett; from Altoona, Pa., Gertrude B. Johns; from Troy, N. Y., Alila F. Bachan; from E. Bridge-water, Mass., Eileen R. Curley.

To U. S. Army Base Hospital, Camp Wadsworth, Spartanburg, S. C., from Mont Alto, Pa., Agnes D. Marcus; from Jacksonville, Fla., Lena M. Miselle, Mary B. Laughlin; from Allston, Mass., Catherine C. Marks; from Methuen, Mass., Georgina Fitzsimmons; from Greenville, S. C., Flowe Riddle; from Brooklyn, N. Y., Mrs. Marie L. Mulhall; from New York, N. Y., Gertrude A. Skelley, Christine B. Holmes; from Towson, Md., Lettie Brundige, Anne C. McLaughlin, Grace B. Michau; from Boston, Mass., Zilla M. Wallace, Emma S. Vary, Elsie I. Henderson, Margaret J. Cooper, Maud G. Caldwell, Margaret H. Allen; from Grand Rapids, Mich., Zilla B. Bartlett, Florine Smith, Mae E. Dolliver, Enid M. Bailey, Clara Scott Barton; from Springfield, Ill., Nella Alvey, Geneva Casstevens, Ethel F. Foster, Joelle Long, Emma Metzger, Alta B. Wignall; from New Haven, Conn., Winifrede A. Dwyer, Sabina C. Callahan; from Steelton, Pa., Helen

D. Fencil; from San Francisco, Cal., Esther W. Tucker, Katherine Van Orden, Margaret Williams, Anne S. Wilson; from Knoxville, Tenn., Ethel V. Frost; from Englewood, N. J., Edna D. Marsh; from Memphis, Tenn., Eleanor Shirley.

To U. S. Army Base Hospital, Camp Custer, Battle Creek, Mich., from Otsego, Mich., Permelia M. Russell; from Saginaw, Mich., Edith L. Vincent; from Madison, Wis., Clara E. Schmitt; from Rio, Wis., Mathilda Cleberg; from Cortland, N. Y., Nora R. Comerfort; from Boston, Mass., Elizabeth J. McGee; from Birmingham, Ala., Fannie B. Adams, Katharine U. Baker, Helen L. Shepherd; from Battle Creek, Mich., Martha Heaney; from Manchester, N. H., Ruth Corey; from Lansing, Mich., Anne R. Manuell, Mary J. Feeny, Edna E. Erly; from Detroit, Mich., Mrs. Elizabeth K. Balfe, Alta M. Andrews; from Chicago, Ill., Agnes F. Hamilton, Madeline McConnell, Bada E. Johnson, E. Viola Kreider, Anita J. Eddy, Ruth Jones, Gladys A. Whitney; from Rochester, N. Y., Dora Playford; from Grand Rapids, Mich., Bertha B. Blasen, Marjorie G. Steckle, Bernice Prout, Edith I. Bosworth, Ruth I. Ward; from Pittsburgh, Pa., Mathilda C. Schatz, Della F. Critchlow; from Brighton, Mass., Emma M. Ransdell; from Buffalo, N. Y., Minnie C. Smith, Laura B. Zimmerman; from Nashville, Mich., Greta J. Wolfe.

To Letterman General Hospital, San Francisco, Cal., from San Francisco, Cal., Amy L. Aldridge, Kathleen M. Fores; from Oakland, Cal., Sophia L. Rutley, Edna M. Wilson; from Sacramento, Cal., Mary F. Ward; from Portland, Ore., Letha Humphrey, Emma B. Kern, Helen D. Krebs; from Bakersfield, Cal., Maggie M. Hylander; from Piedmont, Cal., Delvina M. LaBelle; from San Francisco, Cal., Persis Marriage, Katherine M. Oleson; from Seattle, Wash., Marguarite A. Brogan, Julia H. Domser, Elizabeth M. Eby, Frances A. Norquist, Lemo Oliver, Alice E. Stenholm; from Wilmington, N. C., Hattie G. Lowry; from Norwood, Mass., Katharine E. Kingman; from Tarpon Springs, Fla., Hattie S. McNeill.

To U. S. Army Base Hospital, No. 31, (service in Europe) from East Orange, N. J., Lilly A. Anderson; from Boston Plains, N. J., Mary M. Powers; from Dunellen, N. J., Alys M. Stryker; from Silver Springs, Orange, N. J., Bertha L. Witt.

To U. S. Army Base Hospital, No. 32, (service in Europe) from Brooklyn, N. Y., Margaret M. McCoppin; from New York, N. Y., Florence Ostenzi, Anna M. Rohr; from Plainfield, N. J., Olga Anderson.

To Ellis Island, New York, Unit "K," from New York, N. Y., Elizabeth Green.

To Ellis Island, New York, Unit "O," from Charlotte, N. C., Anna W. Allen, with assignment to duty as chief nurse, Johnsie M. Aldridge, Julia C. Colsin, Cora L. Dearman, Rose A. Downey, Sarah Myrtle Harris, Edna M. Hill, Elizabeth Hill, Ada C. Ikard, Martha E. Jones, Lula Lambeth, Blanche J. Leonard, Sarah E. Low, Harriet L. McCoy, Sue J. Moore, Katharine Osborn, Gertrude Shepard, Macie M. Stanford, Bess Swearnagan, L. Josephine Watta, Margaret W. White.

To Ellis Island, New York, Unit "P," from Memphis, Tenn., Myrtle M. Archer, with assignment to duty as chief nurse, Nell G. Taylor, Helen Tucker, Rose M. Wilder, Mamie E. Williamson, Rose Ragan, Delia M. Rutherford, Mattie L. Schaeffer, Lydia Elise Smith, Margaret Cumming, Annie M. Colquitt, Mamie H. Nunnally, Lura G. Heath, Ladye Jean Hope, Frances D. Lester, Cora K. Martin, Myrtel Bishop, Jennie L. Blumenberg, Nina E. Garrison, Pearl L. Wood; from Knoxville, Tenn., Stella Myrtle Dillo.

To Ellis Island, New York, Unit "S," from Nashville, Tenn., Catherine G. Sinnott, with assignment to duty as chief nurse, Elizabeth Beal, Iva E. Brogan, Effie M. Buchanan, Jennie A. Conry, Jennie Denson, Mattie Dew, Anna S. Eastland, Bertha C. Greenwell, Bernice Hall, Sue Hanly, Katherine L. Jones, Annie M. Joyner, Mayme E. Meritt, Alberta Mills, Lulu E. Shanahan, May I. Shanahan, Katherine Swager, Beulah Taylor, Leva M. Wakefield, Fannie O. Walton.

Transfers.—To U. S. Army Base Hospital, Camp Wheeler, Macon, Ga.; Blanch

Basson, Ruth B. Belle, Mary E. Cameron, Mary E. Grove, Grace E. Hill, Julia A. Lawler, Annie J. McCallan, Daisy O. Mitchell, Rose Regonini, Alice Robinson. To U. S. Army Base Hospital, Camp Gordon, Atlanta, Ga.: H. Frances Postlethwaite, Margaret Egan, Helen Ryan, Maud Smith, Charlotte Thomas. To U. S. Army, Camp Greene, Charlotte, N. C.: Ella W. Millard, Beattie M. Warwick, J. Georgie Landon, Mary C. Lasell, Lila A. Condon, Ethel D. Houston, Ann E. Porter, Maud M. Phillips, Mrs. Frances B. Leakway, Blanche E. Truless, Alice D. Agnew, Mary V. Lyons. To U. S. Army Base Hospital, Camp Shelby, Miss.: Hancie M. Billmeyer. To U. S. Army Base Hospital, No. 34, (service in Europe) Jeanette Bahn, Diana Lewis. To U. S. Army Base Hospital No. 1, Fort Sam Houston, Tex.: Margaret G. Cluney, Esther Sanders, Nancy V. Self. To Walter Reed General Hospital, Takoma Park, D. C.: Helen E. Covey, Grace Pearson, Kathleen E. Binns, Margaret M. Joyce, Caroline V. Brown, Grace Wells.

Relief.—Reserve Nurses, Army Nurse Corps, relieved from active service in the military establishment: Hazel Vegiard, Anne Hendry, Virginia Yusek, Marie H. Buch, Mary P. Tyner, Teresa A. Stromberg, Coa L. Carney, Ella Elaroad, Caroline V. Wyne, Beatrice E. Sternberg, Katherine C. Werner, Dora Stacy, Beatrice B. Bain, Margaret C. Gray, Stella Pettway, Mabel A. Light, Lilly M. McEnany, Elisabeth L. Jones, Lexina Hadley, Katherine D. Flynn, Sara C. Murphy, Minnie G. Schell, Arvilla Hankemeyer, Mrs. Grace B. Burbank, Gertrude M. Crabtree, Goldie E. Downs, Genevieve Tower, Laura Lowe, Mary V. Lyons.

Owing to the great increase in the work of the Army Nurse Corps office since the declaration of war, an assistant superintendent has been selected from among the members of the Corps. Edith A. Murry, a graduate of the Waldeck Hospital, San Francisco, California, who has a splendid record for efficiency, has been chosen for this position. Miss Murry has served as chief nurse on the border, and also at the mobilization centre at Ellis Island, New York.

The American Ambulance in France has recently come under the jurisdiction of the War Department, and members of the Army Nurse Corps have accordingly been assigned to duty at this hospital now designated as the American Red Cross Military Hospital No. 1. Grace E. Leonard, a graduate of St. Vincent's Hospital, New York, has been assigned to the chief nurseship of this hospital. Miss Leonard has an excellent record in both the Army and the Navy Nurse Corps, and has had considerable executive experience.

DORA E. THOMPSON, R.N.,  
Superintendent Army Nurse Corps.

#### NAVY NURSE CORPS

Appointments.—Winifred Brown, San Francisco, Cal., transferred from Reserve Force to regular service; Mary Alta Becker, Waynesfield, Ohio, Mt. Carmel Hospital, Columbus, Ohio; Margaret F. Bresnahan, Medford, Mass., Craney Hospital, South Boston, Mass.; Minnett Butler, Berwick, Me., transferred from Reserve Force to regular service; Emerald E. Carter, Thomaston, Me., St. Barnabas Hospital, Portland, Me.; Sara A. Clagett, Washington, D. C., Church Home and Infirmary, Baltimore, Md., assistant superintendent Eye, Ear and Throat Hospital, Washington, D. C.; Eleanor S. Clarke, San Francisco, Cal., transferred from Reserve Force to regular service; Mae Victoria Eidemiller, Portland, Ore., Good Samaritan Hospital, Portland; Adah L. Farnsworth, Rumford, Me., transferred from Reserve Force to regular service; Ethel E. Howard, Grand Rapids, Mich., Butterworth Hospital, Grand Rapids; Mrs. Marie A. Lincoln, Augusta, Me., Augusta General Hospital, Augusta, hospital and transport ship service in the Mediterranean, Suez Canal, Indian Ocean and Egypt; Elizabeth H. Morgan, Temple, Texas, Baptist Sanatorium, Houston; Edna May Sartin, Zeeo City, Mich.,



Touro Infirmary, New Orleans, La., chief surgical nurse, Baptist Memorial Hospital, Memphis, Tenn.; Mary E. Swarr, West Philadelphia, Pa., Presbyterian Hospital, Philadelphia; Stephina Zazaski, Racine, Wis., Jane McAllister Hospital, Waukegan, Wis.

**Transfers.**—Lucia D. Jordan, to Annapolis, Md.; Winifred F. Brown, E. May Sartin, to Mare Island, Cal.; Mary Alta Becker, Great Lakes, Ill.; Emerald E. Carter, to Puget Sound, Wash.; Ethel E. Howard, Stephina M. Zazaski, to Great Lakes, Ill.; Docia M. Weaver, Alice Henderson, to Norfolk, Va.; Emma L. Hehir, to Pensacola, Fla.; Ethel McVey, to Great Lakes, Ill.; Mary Gertrude Johnson, to Special Duty, Washington, D. C.; Chief Nurse, Clare L. De Ceu, Special Duty, Washington, D. C.; Beatrice G. Terrill, Florence B. Martin, to Canacao, P. I.; Mae V. Eidemiller, to Mare Island, Cal.; Ann M. Taber, Elizabeth Hayden Morgan, to New Orleans, La.; Mary E. Swarr, to Norfolk, Va.; Marie A. Lincoln, Mary T. O'Connell, to New York, N. Y.; Alice B. Henderson, Hazel D. Hamlin, Corinne W. Anderson, Janet Redfearn, Anna E. Sands, to Hampton Roads, Va.; Sara A. Claggett, Mary J. Anderson, to Norfolk, Va.; Chief Nurse, J. Beatrice Bowman, to Great Lakes, Ill.; Ruby Wood, to Washington, D. C.; Mary J. McCloud, Chief Nurse, to Puget Sound, Wash.; Margaret Bresnahan, to Chelsea, Mass.; Mary Ritter, to Puget Sound, Wash.

**Promotions.**—J. Frances McDonald, chief nurse; Mary J. McCloud, chief nurse; Alice B. Henderson, acting chief nurse.

**Resignations.**—Katherine Stein.

**Discharge.**—Emma Lee Hamm.

#### UNITED STATES NAVAL RESERVE FORCE

**Assignments.**—To the Naval Hospital, Great Lakes, Ill. Chicago, Illinois, Hospital Detachment: Bessie H. Gallagher, Frances K. Post, Alma Regez, Hazel H. Bratton, Grace Z. Garrabrant, Florence H. Falls, Jessie E. Biglow (Local Committee, Chicago Detachment), Mary E. Petersen. Fargo, North Dakota, Hospital Detachment: Carrie E. Goodman, Amelia Koenig. To the Naval Hospital, Norfolk, Va. Newark City Hospital Detachment: Elizabeth L. Allen, Matilda E. Ziegler. Georgia Hospital Detachment: Rose T. McCracken. To Naval Hospital, Puget Sound, Washington. (No Detachment.) Grace B. Calkins, of Seattle, Wash. To Naval Hospital, Mare Island, Cal. St. Luke's Hospital Detachment, San Francisco, Cal.: Eleanor K. Wilcox. To Naval Hospital, New York, N. Y. Long Island College Hospital Detachment, Brooklyn, N. Y.: Anna I. Tomasovsky. Methodist Episcopal Hospital Detachment, Brooklyn, N. Y.: Mary T. Bryers. German Hospital Detachment, Brooklyn, N. Y.: Lillian M. Weltach. To the Naval Hospital, Charleston, S. C. New York City Hospital Detachment, New York: Clara I. Wilt, Mary Scollard. To the Naval Hospital, Annapolis, Md. Orange Memorial Hospital Detachment, Orange, N. J.: Nina Van Why. To the Naval Hospital, St. Thomas, Virgin Islands. Columbia Hospital Detachment, Washington, D. C.: Clarice Buhrman, Lillian Crumbaugh, Minnie D. Stith.

#### RESERVE NURSES, U. S. N.

Station Unit No. 5, Ohio. Assigned to the Naval Hospital, Operating Base, Hampton Roads, Va.: Lorna A. Haco, Gertrude R. Steckel, Irene Hawkins, Julia B. Jacobs, Clara Louise Thomas, Catherine Dalton. Station Unit No. 6, Austin, Texas. Assigned to the Naval Hospital, New Orleans, La.: Nina Anderson, De Alva Frazier, Clara L. Kassel, Nora E. Croeland, Nell Freund, George La Rue. For duty with Base Hospital, No. 2 organized around the Lane Hospital, San Francisco, Ca., by the superintendent, Elizabeth Hogue, who accompanies the Unit as chief nurse: Lou Elizabeth Adams, Inez I. Agee, Christine M. Brown, Minnie Brown, Hazel G. Bruner, Berthleen Caldwell, Hazel E. Cookson, Ethel M. Cooley, Jessie G. Coon, Una Ellen Daniel, Goldie E. Donham,

Frances Douglas, Maude Edwards, Clara N. Gordon, Edith Virginia Griffiths, Ruth Lois Hayden, Elizabeth Hogue (chief nurse), Nettie E. Johnson, Frances Kyle, M. Marcella Leonard, Evelyn Mary McClure, Rae M. DuVander, Pauline M. Faust, Nellie R. Flynn, H. Muriel Kelham, Edith May Lyin, Caltha Alice McCausland, Ethel A. McGinnia, Lucile P. Matignon, Wilhelmina Miller, Edna R. Myers, Sadie G. Owings, Eloise E. Provines, Eliza Ann Tanner, Gertrude F. Wilkena, Harriet M. Yates, Ida May Berlinger, Yvette Grace Bisset, Clara Gill, Sara C. Johnson, Cecelia Jones, M. Theresa McGeehan, Grace M. McIntyre, Marian MacMillan, Estelle M. Missner, Daisy E. Moore, Ruth Cleveland Moore, Willie Irene Morrow, Ruth A. Overton, Effie E. Perkins, Estelle M. Pinkiert, Mary Bolton Post, Edith Howard Smith, M. Marion Smith, Florence E. Sperry, Frances P. Sumner, Alyce G. Thorndyke, Mary R. Walsh. Florence E. Widner. Margaret Rued. For duty with Base Hospital, No. 3, organized around the California Hospital, Los Angeles, Cal., by the superintendent, Anne Williamson; Sue S. Dauser, chief nurse: Catherine G. Anderson, Ebba V. Anderson, Celesta Brown, Mildred Bulkeley, Theodosia B. Burnett, Alice M. Canon, Lucille Chamberlain, Helen Cope, Anne Crump, Sue S. Dauser (chief nurse), Margaret H. De Noyer, Emma J. Dunlop, Agnes Eggen, Anna M. Harkness, Olla Hazelton, Pearle A. Haymond, Abigail H. Hinckley, Joyce Birdsall, A. Myrtle Carnahan, Fannie M. Cummins, Gertrude A. Darnall, Ruth Jane Emerton, B. Katherine Foote, Clara Hayes, Lucy M. G. Hernan, Harriet F. Lynch, Viola E. Pratten, Florence G. Pritchard, Agnes M. Ramsdale, Bessie Emily Smith, Ruth F. Stewart, Alice L. Thompson, Elizabeth A. Westmacott, Bertha Chase, Marie Tracey, Nellie Nash, Lillian R. Cornelius, Gladys Jolliffe, Esther L. Jones, Lydia Koonst, Annie Leighton, Nora B. Limberg, Chloe Longhead, Marguerite MacAnally, Ruby I. McLean, Grace A. McIntosh, O. Kathleen Mahl, Anna E. Mears, Helen Pearson, Lydia E. Schkade, Estella R. Sollars, May Strain, Anastasia Volin, Adah M. Watson, Helen S. Wood.

LENAH S. HIGBEE,

Superintendent Navy Nurse Corps.

**Alabama.**—The Alabama State Board for the Examination and Registration of Nurses held its first meeting on November 23, 1915. At that and the three following meetings, 739 nurses were registered under the waiver. At the fifth meeting, on October 29, 1917, as a result of the first examination, 7 nurses were registered. The candidates were required to answer the following questions:

**Practical Nursing.**—1. What constitutes a good nurse? How should she conduct herself in public? 2. Briefly tell the cause of typhoid fever. What are the most common complications? 3. What is the difference between crisis and lysis? 4. How many kinds of hemorrhage are there? 5. What symptoms would warrant the use of hot stupes? How administered? 6. What to get ready for a hypodermoclysis? 7. Give nursing care of patient suffering with pneumonia. 8. What is the danger of applying a tourniquet too long? 9. Define idiosyncrasy, thrombosis, peritonitis, nephritis. 10. What is emphyema? Give cause and symptoms.

**Obstetrics.**—1. What are the true signs of pregnancy? What are the signs and symptoms of actual labor? 2. Give the accepted rule for determining the probable date of delivery, give example. 3. What is abortion, premature labor, miscarriage? 4. What is placenta previa? 5. When may eclampsia occur and what are the nurse's duties in such a case? 6. What five articles are indispensable for a labor case in a private house? 7. What do for mother at the end of labor? 8. What do to resuscitate new-born child? 9. What care should a nurse use in going from a contagious case to a labor case? 10. What do for umbilical hernia in baby?

**Surgical Nursing.**—1. What are the symptoms of shock? What would you do until the doctor came? 2. Define asepsis, antiseptic, deodorant. Name three of the best

antiseptics. 3. What conditions may cause a rise of temperature after operation? 4. What are some of the grave complications to be watched for after an extensive burn? 5. State some simple measures you would use to check vomiting after anaesthesia. 6. Name the two chief complications that may occur after an abdominal operation. 7. Why are rubber gloves commonly used in all surgical work? 8. Describe the care the nurse should give a patient who is under a general anesthetic. 9. What after-care should be given a patient who has had a perineorrhaphy? 10. Describe the method of preparing the field of operation for an abdominal section.

**Medical Nursing.**—1. Why should a nurse not rub a limb in which there is phlebitis? 2. How are bedsores caused, prevented and cured? 3. How would you give a hot pack? 4. How would you give a cold sponge? 5. How would you cleanse the mouth of an ill patient? What complications are likely to arise if the mouth is not cleansed? 6. In case of pulmonary hemorrhage what would a nurse do before the arrival of a physician? 7. What symptoms would lead you to suspect an overdistended bladder? 8. Name a complication of scarlet fever or measles. 9. Describe your method of administering a turpentine stupe and a mustard foot bath? 10. State briefly, nursing care of typhoid, disposal of excreta and of urine.

**Physiology.**—1. What is the secretion of the salivary glands called? 2. What juices act on the food in the mouth and in the stomach? 3. Name the organs of alimentation. 4. What is respiration? 5. Name one organ lined by a mucous membrane. 6. Name the organs of respiration. 7. Of what is pure air composed? 8. What is the average adult pulse? 9. What is the normal reaction of urine? 10. What are the great eliminating channels of the body?

**Bacteriology.**—1. What conditions influence the growth of bacteria? 2. Define the meaning of the term bacteriology. 3. Where are bacteria found? 4. In what branch of her work is a nurse's relation to bacteriology most emphasized? 5. Mention some places where bacteria are particularly apt to be found in large numbers. 6. What is a microscope and for what used? 7. Mention two important diseases where a bacterial diagnosis is considered essential. 8. Name three means by which germs may be destroyed. 9. How may diseased germs find their way into milk? 10. Mention some healthful ways in which food may be preserved for future use.

**Dietetics.**—Give definition of food. 2. Name (a) the chief tissue-building foods, (b) the chief heat and force-producing foods. 3. Name three forms of animal foods. 4. What class of vegetables is rich in proteins? 5. Outline a diet for a convalescent typhoid fever patient. 6. Name three reasons why it is desirable to cook foods. 7. What are the points to be observed in cooking meats? 8. What is the proper way to (a) boil an egg? (b) cook oatmeal? 9. Explain the difference between plain, certified, pasteurized and sterilized milk. 10. Mention two foods you might give an infant when it was unable to digest milk.

**Hygiene.**—1. What is meant by personal hygiene? 2. What is meant by public hygiene? 3. What are the principal factors in maintaining health? 4. What are nature's best common destroyers of disease germs? 5. Describe how a nurse should take care of her (a) hands, (b) feet. 6. What precautionary measures should a nurse use in regard to herself when nursing an infectious case? 7. How would you disinfect (a) linen, (b) excreta of a typhoid fever patient? 8. How would you disinfect a room after a contagious case? 9. How should food, milk and water be protected from infection? 10. Name two diseases caused by infected (a) water, (b) insects.

**Anatomy.**—1. Draw a diagram illustrating the areas into which the abdomen is divided, naming the regions. 2. Give boundaries of pelvis. 3. What bones enter into the elbow joints? 4. What are flexor muscles? What are the extensor muscles and give example of each. 5. What are two main arteries of the forearm? What

artery is known as the "pulse artery?" 6. Describe the eye ball. What is the orbit of the eye? 7. How does the female pelvis differ from the male? 8. Describe the uterus and what are its functions? 9. Name the internal pelvic organs of a female. 10. What is a Colles's fracture?

**Materia Medica.**—1. Name two cardiac tonics. Give dose of each. 2. Name two cardiac stimulants. Mode of administration and doses. 3. Name the classifications of purgatives. One in each class, and doses. 4. What is the antidote for carbolic acid internally and externally? What dose given internally? 5. What dose of bromidii of potash? Bromidii of sodii and chloral hydrate? 6. What dose of hyoscine, when given and how? 7. Dose of arsenic and form administered? Symptoms of poisoning? 8. What drugs are employed as antiseptic washes? 9. How is ammonia administered and when demanded? 10. What dose of suphate of atropine?

**California: Sacramento.**—Anna C. Jamme, Director of the Bureau of Registration, State Board of Health, has copies of back numbers of the JOURNAL which nurses on the coast might secure to complete their files.

**Colorado.**—The Survey of the Nursing Resources of the state has been placed by Governor Gunter in the hands of a committee, of which Mrs. C. A. Black, president of the Colorado State Trained Nurses' Association, is chairman. The Colorado Training School for Nurses, through its officers and staff, followed the established custom of giving a Hallowe'en party to the students, who attended in costume. This occasion was taken to extend the usual courtesies to Lettie G. Welch, the newly appointed representative of the Red Cross, to Laura E. Becroft, the chief nurse of Base Hospital No. 29, and to the graduates of the school who are to go with the Unit.

**Connecticut: Hartford.**—St. Francis Hospital Alumnae Association recently held a meeting at which the following officers were elected: President, Elizabeth Toomey; vice president, Susan Gralton; secretary, Veronica M. Roche; treasurer, Mary Moore; executive committee, Mabel Toomey, Loretta Donahue, Sarah Martin, Agnes Bradley.

**Idaho.**—The Idaho State Association of Graduate Nurses held its regular meeting at the Y. W. C. A. in Boise, on November 20. On this occasion Dr. James L. Stewart gave a very interesting address. **Boise.**—May Loomis, of Seattle, Washington, director of the Northwestern Division of the Red Cross Nursing Service, spoke on November 16 on the Work Accomplished by Red Cross Nurses.

**Illinois.**—The Illinois State Department of Registration and Education will hold its next examination of applicants for registration at the State House in Springfield, February 1 and 2. Applications should be on file in the office of the Department of Registration and Education, Springfield, Ill., not later than January 21. The Illinois State Association of Graduate Nurses held its fourteenth annual meeting at the First Presbyterian Church in Rockford, on November 14. The first session was opened with prayer by the Reverend Mr. Hamilton, after which the Mayor extended a most cordial welcome. This was responded to by Anna L. Tittman of Springfield. Minnie H. Ahrens gave her address as president in an earnest and cordial way; she was followed by Harriet E. Vittum of the State Council of National Defense. The afternoon session was conducted by the League of Nursing Education, Mary C. Wheeler presiding, and included the following papers: Methods of Attracting the Full Quota of Students to our Schools of Nursing, Anna L. Tittman, inspector Illinois State Department of Registration and Education; The Eight Hour Law as it Affects Student Nurses, Lisle Freleigh, Chicago; The Value of Invalid Occupations, Marion Prentiss, Social Service Department, Cook County Hospital, Chicago; Importance of Economy in the Hospital and the Home, Esther Jackson, superintendent of nurses, Augustana Hospital, Chicago; Nurses' Care of Acute Infantile Paralysis, Sybil Davis, senior student, Illinois Training School, Chicago; Social Activities for Student Nurses, informal discussion



from the floor. The Wednesday evening meeting was in charge of Nellie M. Crissy, chairman of the Private Duty Section, with this program: Mary C. Wheeler presented a series of slides showing the progress of bed making, with a view to standardizing this procedure; Convalescent Care of Infantile Paralysis, Miss Swain, Chicago; Private Duty Organization, Frances Ott, chairman of the Private Duty Section of the American Nurses' Association, Morocco, Ind., and a Question Box, with answers by Mary C. Wheeler, Chicago. Thursday morning, after a business session including a revision of the by-laws, Dr. Francis W. Shepardson, director of the Department of Registration and Education, spoke on The Present Administration of the Law Governing the Registration of Nurses in Illinois. In the afternoon, the Public Health Section, in charge of Helen W. Kelly, presented papers on The Value and Influence of Little Mothers' Clubs, with demonstrations and outfit, by Celestine Keidel, Chicago Department of Health; Pioneer Country Nursing for the Red Cross, Mrs. Helen H. Marshall, Town and Country Nursing Service, Freeport; Industrial Nursing, Jane Flanagan, industrial nurse International Harvester Company, Chicago. At the evening session, Dr. Henry Helmholtz, medical director, Infant Welfare Society, Chicago, spoke on The Place of Infant Welfare in Public Health. Friday morning was given over to round tables for superintendents of training schools, for school nurses, for visiting nurses, for infant welfare nurses, for private duty nurses, for industrial nurses, for Red Cross nurses. On Friday afternoon the delegates were entertained by the Chamber of Commerce who took the members on an automobile ride to Camp Grant and a visit to the Base Hospital where they were entertained by the commanding officer, Major Michie, assisted by the Mesdames Michie, Barry and Fitch. Mrs. Frederick A. Tice presided at the Red Cross meeting on Friday evening, at which the 343d Infantry Band from Camp Grant played several selections. Addresses were made on The Work of the Knights of Columbus in the Army Camps, Right Reverend J. P. Muldoon, Bishop of Rockford; The Work of the Y. M. C. A. in the Army Camps, W. W. Goettman, Camp Grant; What the Girls' Patriotic League is doing for the Red Cross, Mary Lambin, Rockford; The Field Hospital in Time of War, Major Samuel J. Kopetsky, Camp Grant; and an address by Minnie H. Ahrens, director Central Division of the Red Cross Nursing Service. These officers were elected for the year: President, Elizabeth M. Wright, Rockford; vice presidents, Sadie A. Place, Chicago, Marie Burress, Carrollton; secretary, Lucy Last, Chicago; treasurer, Mrs. O. H. Dodge, Moline. The evening session closed the best-attended state convention, more than 350 nurses being registered. The next convention will be held in Chicago, in November, 1918. Peoria.—The Peoria Municipal Tuberculosis Sanitarium has recently been opened; Violet Jensen, Hahnemann Hospital, Chicago, is its chief nurse. The Seventh District of the Illinois State Association held its annual banquet at the Creve Coeur Club, on December 13, when the delegates to the recent state convention gave their report. Hazel Hurd, Methodist Hospital, is now on the Public Health Nursing Staff.

Indiana: Ft. Wayne.—The Lutheran Hospital Alumnae Association held its annual meeting in the Nurses' Home and elected the following officers: President, Anna Holtmann; vice presidents, Erna Lange, Clare Steiss; secretary, Louise Nicol; treasurer, Bada Nicol. Eleven members are serving in base hospitals.

Iowa.—The State Board of Nurse Examiners will conduct examinations for state registration at the State Capitol in Des Moines, January 29-31. Des Moines.—The Registered Nurses' Association met on December 5. Edna Snyder reported fourteen comfort bags still undistributed. The Committee's recommendation, that these be disposed of before purchasing other articles, was approved. The question of changing the hour of meeting from afternoon to evening was discussed, and the next meeting was called for the evening of January second. Major Wittee gave a very instructive talk

on Nursing and Sanitation in Cantonments, treating particularly the way the army looks after the health of the district within a five-mile radius of the camp. J. A. Eddy made a plea on behalf of the Welfare Workers' Bureau which is trying to raise \$100,000 for the twenty-four local charities, some generous responses being received. Mari-  
anne Zichy, now serving at Fort Sam Houston, Tex., resigned as president, her resignation being accepted with regret, for she has rendered faithful service to the association. Veronica Stapleton was appointed president for the remaining term. Muscatine. —The Hershey Hospital Nurses have entertained extensively for Josephine Te Winkle, class of 1908, the superintendent of the Mary Lott Lysle Hospital at Madanapelle, India, who is now home on a furlough. They pledged themselves to support a free bed in that hospital for five years. Muscatine Nurses subscribed liberally to the second Liberty Loan drive.

**Kansas: Topeka.**—The Topeka Public Health Nursing Association has for three years been affiliating with one hospital in the city which has placed with the association for two months each year, one pupil nurse. The work has been gradually systematized to include field experience with the baby nurse, the prenatal and postnatal nurse, the Metropolitan and general nurse, the tuberculosis and the school nurse. Other hospitals have seen the value of this experience, and there are now four nurses working with the association, from three different hospitals.

**Maryland.**—The State League of Nursing Education met in Baltimore at the Hebrew Hospital, on November 20. Sister M. Estelle of Mercy Hospital presented a paper on The Efficiency of Nursing Methods, which aroused a very helpful discussion.

**Massachusetts.**—The Massachusetts Board of Registration of Nurses will hold an examination for applicants for registration on Tuesday and Wednesday, January 8 and 9, 1918, at Boston, Mass. Application for any examination must be filed at least five days before the examination date, with the secretary, Walter P. Bowers, M.D., Room 501, 1 Beacon Street, Boston. The Suffolk County Branch of the State Association held its regular meeting on November 22, at the Boston City Hospital. Elizabeth Ross, secretary of the Northeastern Division of the American Red Cross, spoke on the work of that organization. To arouse interest, plans have been made to have the Branch meet at the various large hospitals in Boston. The Massachusetts Industrial Nurses' Club has representatives from Maine, New Hampshire and Rhode Island. Its president is Mrs. Anna M. Staebler, executive secretary of the Committee on Health in Industry of the Massachusetts Anti-Tuberculosis League; its secretary is B. M. Magee of Ginn & Co., Cambridge. **Boston.**—The First Party of Nurses to assist in Halifax relief work went out on December 6, under Elizabeth Peden, class of 1899, Massachusetts General Hospital, the superintendent of the Brooks Hospital, Corey Hill. Hospital supplies and first aid packages were taken in abundance. On December 7, a large unit under the Red Cross Banner was made up of thirty doctors, six male nurses and sixty-seven women graduate nurses under Edith I. Cox, class of 1909, Massachusetts General Hospital, the superintendent of the Faulkner Hospital, Jamaica Plain. This unit took with it the equipment provided for the Peter Bent Brigham Hospital Unit, which has been stored on this side, because the Peter Bent Brigham Hospital Unit took over a well-equipped hospital in France. These nurses responded to the call of the Committee of Public Safety, in whose hands Governor McCall had placed the responsibility of obtaining speedy help for the stricken city. The Committee on Naval and Military Relief of the Red Cross Metropolitan Chapter added its efforts, and right of way was given by the railroads. The Boston City Hospital Alumnae Association at a special meeting on November 14, voted to amalgamate with the State Association. Members of the Alumnae may pay the usual fee of \$2 and be members of their Alumnae only, or they may pay \$3.50 annually, \$2 going to the State Association, and have the

privileges of membership in the State Association also. It was voted that Christmas checks should be sent to some of the sick and disabled members. The Boston Nurses' Club voted at the quarterly meeting, on December 3, to extend the "absent member" privileges to the nurses at Camp Devens, Ayer, Massachusetts. It was also decided to have a service flag; Mary Johnstone is chairman of the War Service Committee. Winifred Mooney, a graduate of the Red Cross Hospital, Shanghai, China, is in this country for three years, on the Rockefeller Foundation. While waiting for her appointment at the Massachusetts General Hospital, where she entered the training school in January, Miss Mooney worked with the District Nursing Association of Dorchester. Plymouth.—The Community Nurse Association received \$50 from the Plymouth Women's Club.

**Michigan: Detroit.**—The Nurses' Central Bureau was formed in Detroit on October 17 by the affiliation of four departments of nursing service: the Wayne County Nurses' Association, now known as District No. 1, Michigan State Nurses' Association, the Home Nursing Association, the Babies' Milk Fund, and the Visiting Nurse Association. These associations have grouped their executive departments in the home of the Visiting Nurse Association, 924 Brush Street, and are under one telephone. The purpose of the Bureau is to provide trained and practical nurses by the hour, day or week, at rates within the means of all classes. The Bureau also provides nurses for hospitals and other institutions, is the official headquarters of the Detroit Local Committee on Red Cross Nursing Service, co-operates with the Nursing Service of the Board of Health, and maintains a Directory which is open day and night. A joint committee serves in an advisory capacity to the Bureau. It is composed of a representative from each of the four Boards, the Health Officer, the Director of the Associated Charities, a member of the Wayne County Medical Society, and the superintendent of each organization, including that of the Board of Health Nursing Staff. Under this plan practical nurses are to be taught the elementary principles of nursing and are to be supervised by the Visiting Nurse Association. To meet intelligently the tremendous problems of health and social welfare thrust upon the community by the war, to aid in overcoming the disintegrating effects of war, and to prepare nurses to face the dawning of the new era of civilization after the war is over, these nursing organizations have formed into one strong working body. Flint.—Hurley Hospital held its fifth annual graduating exercises in St. Paul's Parish House, on December 4, for six pupils who took the Florence Nightingale pledge.

**Minnesota: St. Paul.**—Ramsay County Registered Nurses' Association gave a reception for the nurses of Unit No. 26, on October 1.

**Mississippi.**—The Mississippi State Board of Examiners of Nurses will meet in Jackson, at the Capitol, on January 7 and 8, to examine nurses. Application should be made to Mary H. Trigg, secretary, Greenville, Miss.

**Missouri.**—The Survey of the nursing resources of the state is being pushed forward rapidly under Margaret Rogers, president of the state association. The work in Kansas City, St. Joseph, Jefferson City and St. Louis is being done by volunteer workers, the smaller towns being covered by a nurse engaged by the association. St. Louis.—The Nurses' Home of St. Luke's Hospital will soon be completed. It will contain, in addition to the library, class, demonstration, music and reception rooms, accommodations for one hundred and twenty nurses. The Jewish Hospital Alumnae Association held its ninth annual meeting on October 9, at the Nurses' Home, when the following officers were elected: President, Frances Moore; vice president, Zona Wilson; secretary, Avis Fletcher; treasurer, Clara Peterson.

**Nebraska.**—The Nebraska State Board of Nurse Examiners will hold a special

examination for the registration of nurses who wish to qualify for enrollment in the Red Cross. Application should be made to the secretary, Margaret McGreevey, R.N., State House, Lincoln, Neb.

**New Hampshire: Manchester.**—Sadie A. Ross, class of 1909, Augustana Hospital, Chicago, Ill., has accepted the position of head nurse at Eliot Hospital.

**New Jersey.**—The County Society of New Jersey Graduate Nurses, First Division, held a meeting at the Orange Training School, Orange, on November 13, when it was decided to contribute \$25 toward the state survey.

**New York.**—The New York State Organization for Public Health Nursing met in Binghamton, on October 15, for its annual meeting, with more than one hundred public health workers present. At the morning session, papers were read by the chairmen of committees appointed at the last annual meeting with power to select their members to find out the extent and activity of the particular branch of public health work assigned to them. The subject of Education was presented by Anna McGee, Schenectady; Metropolitan Life Insurance Nursing, by Eleanor Bridgeland, New York City; School Nursing, E. Wheeler, Buffalo; Visiting Nursing, E. Stringer, Brooklyn; Rural Nursing, Lydia Betz, Dansville; Communicable Disease Nursing, Elizabeth Gregg, New York City; Tuberculosis Nursing, Mrs. Bertha Gibbons, Buffalo. Miss Stringer's paper showed that eight counties of the sixty-two in the state are still without the public health nurse. In the fore part of the afternoon session the plan for the morning session was continued, with papers on Infant Welfare Nursing by Miss Marr, New York City; Hospital Social Service, M. Coombs, New York City; Health Centers, E. Connolly, Buffalo. The question uppermost in the minds of all was "How can we best bring our knowledge, ability, and opportunities as public health nurses into closer touch with those measures along war relief lines, which are now being so splendidly systematized through the state?" Eleanor Bridgeland, the Association's delegate to the meeting of the State Defense Council in Albany, gave her report, following which the Organization pledged its services to the promotion of public health to the fullest extent of its power, and moved that a letter stating these facts be sent to Governor Whitman. The changes in the constitution and by-laws recommended by the Executive Committee were approved. These officers were chosen: President, Mrs. Anna Hansen; vice president, Bessie Le La Cheur; corresponding secretary, Anna McGee; recording secretary, Agnes Swan; treasurer, Mrs. Bertha Gibbons. A general public health meeting was held in the evening, Charles P. Austin, Commissioner of Charities, presiding. Mary E. Lent, assistant secretary of the National Organization for Public Health Nursing, spoke on Present Day Opportunities for Public Health Nurses, and Hornell Hart of Cincinnati explained the work of the National Social Unit Organization under the direction of Mr. and Mrs. Wilbur C. Phillips. **New York.**—The New Children's Home Bureau and Related Activities has recently issued a booklet on New York as a Foster Mother, or What the Department of Charities Is Doing for the City's Dependent Little Ones. The Bureau was organized with John Daniels as director, in June, 1916, but owing to the epidemic of infantile paralysis did not begin the placing out of children until the fall. Since that time good homes have been found for 1113 children, 336 have been returned to parents or otherwise discharged and the Bureau still has under its care 777 children. The Alumnae Association of the New York Infirmary for Women and Children held a special meeting at the hospital on October 23, when it was decided to invest \$1000 from the Sick Nurses' Fund in Liberty Bonds. The French Hospital Alumnae Association at its annual meeting on November 14, elected the following officers: President, L. E. Townsend; vice president, Freda Rux; secretary, B. M. Clarry; treasurer, C. Carrigan; trustees for two years, D. O'Connell, H. Lewis. **Brooklyn.**—The Long Island College Hospital takes pride in its service flag with thirty-four stars, which has recently been unfurled. Esme



Everard, who served in Serbia at the beginning of the war and who afterward went to France, is convalescing in a London hospital from an attack of appendicitis.

**North Carolina.**—The North Carolina State Board of Examiners met in Asheville, November 20-22, to examine applicants for registration. Seven applied through reciprocity, and fifty-three took the examination, forty-eight of whom passed. Dr. George H. Battle of Asheville has taken Dr. Thompson Frazier's place on the Board, Dr. Frazier being subject to call as a member of the Medical Reserve Corps.

**Ohio.**—The Ohio State Association of Graduate Nurses has appointed Anna Gladwin as field secretary, with headquarters in Columbus. **Columbus.**—Jennie L. Tuttle, president of the Ohio State Association and superintendent of the Instructive District Nurse Association of Columbus, has been appointed a member of the Columbus Board of Health. Her appointment is one of the first fruits of the suffrage victory in Columbus, but was not made in acknowledgment of the entrance of women into politics. It comes instead as a well deserved recognition of the part the nursing service has played in the conservation of the lives of babies in Columbus.

**Oregon: Portland.**—St. Vincent's Hospital Alumnae Association held its fourth annual banquet in the commencement hall of the hospital on October 13. It was attended by seventy-seven members, seventeen of whom were initiated into membership on this occasion. Twenty-two graduates of the hospital are enrolled for service in The University of Oregon Base Hospital.

**Pennsylvania.**—The Graduate Nurses' Association of Pennsylvania held its fifteenth annual meeting in Scranton on November 7, 8 and 9, with a large attendance from all parts of the state. The first morning was occupied with the reading of reports. After the invocation by the Reverend Robert P. Kritler, Hon. J. Benjamin Dimmick gave the address of welcome, to which Roberta M. West responded. Susan C. Francis gave the President's address, Sara Murray the report of the chairman of the Red Cross Committee, and Ida F. Giles reported for the State Board of Examiners. The Red Cross evening meeting was the event of the convention, including addresses by Jane A. Delano and S. Lillian Clayton. On Thursday morning, Susan C. Francis, the delegate to the 1917 national convention, gave her report, and Jessie L. Ross, special secretary for the Pennsylvania Society for Prevention of Tuberculosis, discussed the question, Why Tuberculosis? The revision of the by-laws was then discussed, and Helen Greaney was appointed chairman of a committee to prepare by-laws for the districts into which the state is to be divided. The alumnae associations will enter through their respective districts. The League of Nursing Education Section met Thursday afternoon, with papers on The Effects of the Short Courses on the Training Schools, by Roberta M. West, and How Can the League Best Aid the Local Red Cross Committees to Increase Their Enrollment of Nurses, by Susan C. Francis. In the evening the students of the Moses Taylor and the State Hospital Training Schools gave a demonstration. At the Public Health Section on Friday morning, Katherine Tucker, superintendent of the Philadelphia District Nursing Society, read a paper. At the last session Sara Murray read the report of the Educational Director. These officers were chosen: President, Roberta M. West; vice presidents, Mrs. N. F. W. Cressland, Germantown; Amanda Davis, Scranton; secretary-treasurer, Williamina Duncan, directors for two years, Susan C. Francis, Martha C. Lafferty, both of Philadelphia. The following chairmen of committees were appointed: legislative, Mrs. J. E. Roth, Pittsburgh; nominating, Margaret I. Montgomery, Philadelphia; auditing, Janet C. Grant, Scranton; membership, Mrs. Margaret L. Kratz. A Private Duty Section was organized with Mrs. Elizabeth Coppinger of Scranton, secretary. The Association will hold its next meeting in November, 1918. **Philadelphia.**—Howard Hospital Alumnae Association met on November 6,

with ten members present. The secretary was instructed to communicate with Adda Eldredge, the Interstate Secretary, in regard to her expected visit. Mrs. Appel suggested that graduate nurses volunteer to care for any members of the Alumnae who are ill at the hospital. She agreed to give board to such nurses while on duty, to give them the next call for service in the hospital, and to call the nurses in turn on the registry. The Association approved Mrs. Appel's suggestion. The Association met again on December 4. The secretary read a letter from the Red Cross urging nurses to enroll for membership so that they might be called for service at the cantonments. St. Agnes Hospital Alumnae Association met in the Study Hall on November 28. A letter was read from Susan C. Francis, director of the Red Cross Nursing Service in Philadelphia, urging all nurses who were able, to join the Red Cross for active service. Maud A. Munn showed how necessary it is for all the members to read the JOURNAL. Anne G. Calahan called the attention of the members to a course being given at the Pennsylvania Hospital, for graduates who wish to become teachers of nurses. It was voted to give \$10 to the Hospital towards its Donation Day Fund. The Presbyterian Hospital Alumnae Association is having current events classes, conducted by Dr. George Earle Raiguel, at its regular monthly meetings. These have been opened to the friends of the members by paying twenty-five cents for each guest, the proceeds to be given to the Red Cross work of the hospital. St. Joseph's Hospital Alumnae Association held its annual meeting at the hospital on October 3, when the following officers were elected: President, Margaret Vasey; vice president, Dorothy Dunn; secretary, Margaret Finnegan; treasurer, Bertha Beck. Reading.—Reading Hospital Alumnae Association is now holding its meetings on the last Tuesday of the month, in the evening instead of in the afternoon. As a result the October meeting was better attended. On this occasion Mrs. Anna Barlow read an inspiring account of the Child Welfare convention which she had attended as a delegate. This was followed by the reading of an interesting letter from Anna Renninger, a missionary nurse in China. The Association decided to send subscriptions for magazines as Christmas gifts to Miss Renninger and to Florence Burky, somewhere in France. The subscription to the Liberty Loan Fund and to the Relief Fund were both increased. The Alumnae planned a Come-and-Get-Acquainted meeting for November 27, to which all graduate nurses in the city were invited. The officers of the Association are: President, Mrs. Anna Barlow; secretary, Emma J. Hiester; treasurer, Emma J. Hain. Altoona.—The Altoona Hospital Alumnae Association at its annual meeting on November 1, after listening to the report for the year, elected the following officers: President, Mrs. William Grundall; vice presidents, Grace Pardoe, Kate Motly; secretary, Mrs. A. C. Lofgren; treasurer, Statia M. Dougherty Detwiler. Harrisburg.—The Harrisburg Hospital Alumnae Association held its ninth annual meeting in the Nurses' Home on November 7. It was decided to discontinue serving refreshments at the monthly meetings during the war, and to give to the Red Cross the money saved in this way.

Rhode Island: Providence.—The Rhode Island Association of Graduate Nurses held a mass meeting on November 11 in Providence. Dr. Lucius C. Kingman, relieved for a short time from war service, told how the work is carried on, and what will be expected of the Nursing Service in the near future, if the war continues. Colonel H. Anthony Dyer spoke of the need of trained workers, and pictured the country where most of the work is done. Mary S. Gardner followed with a talk on the duty of the nurse to her country and her profession. Mayor Joseph H. Gainer emphasized the need of having the best trained nurses for our soldiers and expressed the hope that Providence nurses would not be found wanting. As a result of the meeting, thirty nurses applied for enrollment in the Red Cross Nursing Service. The Rhode Island Hospital Alumnae Association met at the Nurses' Home on November 27 with pupil nurses as guests.

Dr. Charles Gormley who has recently returned from service in France, spoke of his experiences there. The Rhode Island Hospital Nurses' Club met at the Nurses' Home on November 4, when Mary S. Gardner outlined the work of the Woman's Committee of the Council of National Defense, of which she is a member. Inez C. Lord briefly reviewed what has been accomplished during the year, and plans for the future. She announced a visit from the Interstate Secretary. Fifty nurses and thirty-eight doctors left Providence on December 8 for relief work in Halifax. The contingent was financed by the Red Cross. At South Worcester, Mrs. Converse boarded the train and gave each nurse a pair of overshoes and a hot water bottle, the gift of the Boston Rubber Company.

**Virginia.**—The Virginia State Board of Health has long felt the growing need of public health nurses throughout the state. To meet this need, in June, 1917, it sent a circular letter to the 700 registered nurses of Virginia stating that it was preparing to give in Richmond a six weeks' course in Public Health Nursing for graduate nurses, during the summer, if enough nurses should register for it. The course was announced as an intensive study of the practical problems connected with public health nursing in the south, its aim being to outline and suggest some of the accepted means of solution, and to give nurses going into new fields a fundamental working knowledge of the problems they may expect. The course was not intended to take the place of longer training or to be in the same class with the shorter courses offered by Columbia, Simmons and schools of that type. It was given primarily as an emergency measure to equip nurses who cannot afford to take the longer courses. The announcement also covered the opportunities, financially and for service, which this field of nursing offers, and stated that the only expense connected with the course would be for board and about ten dollars for books. There were about twenty-five responses to the circular, with a final registration of ten white and two colored nurses, others coming in for lectures from time to time. An office in the rooms of the State Board of Health was fitted up as a class room, where a generous supply of literature on public health and social questions was always to be found. As this was also the office of the State Supervisor of Public Health Nursing, Mrs. J. Baldwin Ranson, frequent personal conferences were encouraged. Rather heavy work was undertaken to give breadth of vision. The nurses were required to read five books: Civics and Health, William H. Allen; Health Index of the Child, Ernest B. Hoag; Medical Inspection of School Children, Gulick and Ayres; Public Health Nursing, Mary S. Gardner; American Charities, Warner. A course of three hours a day of lecture work and three hours of field work was then outlined. The Richmond Instructive Visiting Nurse Association, the City Board of Health, The Associated Charities and other allied agencies helped in the field work. The lectures were given by the ablest people in the city in their respective lines, on preventive medicine, social problems, tuberculosis, nutrition, bacteriology, orthopedics, infant welfare, eye, ear, nose and throat, oral hygiene, vital statistics, publicity, records and record keeping, first aid, feeble-mindedness, and public health nursing. The State Supervisor feels that the course had great value and accomplished what it set out to do. It not only made it possible to fill positions immediately needing nurses, but also did much to attract general attention to this branch of nursing and social service.

#### BIRTHS.

In October, a son, Raymond, to Mr. and Mrs. John Keefe. Mrs. Keefe was Mary Willbraham, class of 1914, St. Francis Hospital, Hartford, Conn.

In October, at Boalsburg, Pa., a daughter, to Mr. and Mrs. Lewis Swartz. Mrs. Swartz was Irene Ross, class of 1914, Altoona Hospital, Altoona, Pa.

On September 29, a daughter, to Dr. and Mrs. Homer Hill. Mrs. Hill was Sarah Parker, class of 1914, Altoona Hospital, Altoona, Pa.

On August 20, at Young's Cove, New Brunswick, Can., a son, Thomas Victor Stone, to Mr. and Mrs. Earle Wiggins. Mrs. Wiggins was Jessie Donkin, class of 1913, Jordan Hospital, Plymouth, Mass.

On October 4, in Baltimore, Md., a daughter, to Mr. and Mrs. Hugh Bertram Reed. Mrs. Reed was Reba Thelin, class of 1903, Johns Hopkins Hospital, Baltimore.

On September 11, in Denver, Col., a son, to Mr. and Mrs. H. B. J. Aikenna. Mrs. Aikenna was Edith Hagen, class of 1913, Johns Hopkins Hospital, Baltimore, Md.

On September 1, a daughter, to Mr. and Mrs. J. Harry Hughes, Jr. Mrs. Hughes was Sarah Miller Eeling, class of 1908, Presbyterian Hospital, Philadelphia.

On November 28, at Bradford, Ill., a son, to Mr. and Mrs. Dan Phenix. Mrs. Phenix was Myrtle Hurley, class of 1910, Proctor Hospital, Peoria.

#### MARRIAGES.

On July 30, at Kansas City, Mo., Ida Frances Sies, class of 1913, Iowa Methodist Hospital, Des Moines, to Charlie R. Clarke. Mr. and Mrs. Clarke will live in Lock Spring.

On November 17, at Newark, N. J., Mary T. McCue, City Hospital, Newark, to Henry E. Ricketts, M.D. Miss McCue was for nine years head nurse and matron of the Isolation Hospital, Soho, of which Dr. Ricketts is the superintendent. Dr. and Mrs. Ricketts will live in Newark.

On November 13, at Oswego, N. Y., Agnes Keefe, class of 1910, Long Island College Hospital, Brooklyn, to James F. Hennessey. Mr. and Mrs. Hennessey will live in Buffalo.

On September 27, Agnes Guth, class of 1914, St. Joseph's Hospital, Philadelphia, to Joseph Fallon, M.D. Miss Guth had been supervisor of nurses at St. Francis Hospital, Trenton, N. J. Dr. and Mrs. Fallon will live in Northampton, Mass.

On November 16, at Bloomsburg, Pa., Amy Florence Hess, class of 1912, Altoona Hospital, Altoona, to Harry L. Kesselring. Mr. and Mrs. Kesselring will live in Altoona.

On November 16, at Altoona, Pa., Statia Mae Dougherty, class of 1915, Altoona Hospital, to Samuel L. Detwiler. Mr. and Mrs. Detwiler will live in Altoona.

On July 2, in Ontario, Canada, Minnie A. Libey, class of 1915, University of Michigan Hospital, Ann Arbor, to Ivan N. Cuthbert. Mr. and Mrs. Cuthbert will live in Ann Arbor.

On October 6, at Falls Church, Va., Sue Crighton Wheeler, class of 1917, Loudoun County Hospital, Leesburg, to Julian M. Brown. Mr. and Mrs. Brown will live in Washington, D. C.

On July 11, Margaret Barker West, class of 1913, Presbyterian Hospital, Philadelphia, to Arthur Merrill Frantz.

On August 1, Dr. Minnie Uhler Arnold, class of 1895, Presbyterian Hospital, Philadelphia, to John Huneker.

On October 1, Gertrude Patrician, class of 1912, Presbyterian Hospital, Philadelphia, to Walter A. Melkhatten.

On October 11, Isabel Gregor Carhart, class of 1911, Presbyterian Hospital, Philadelphia, to Ralph Thomas Wilson.

On October 9, May Beacom, class of 1914, Jamaica Hospital, Jamaica, N. Y., to John Duncan Armstrong.

On October 20, Virginia Hulse, class of 1914, Jewish Hospital, St. Louis, to Lieutenant W. S. Perry.

On October 24, Mrs. Myrtle Chamblin, class of 1915, Jewish Hospital, St. Louis, to Clark Russell. Mr. and Mrs. Russell will live in Charleston, Mo.



On November 5, Irma Fern Smith, class of 1915, St. Luke's Hospital, St. Louis, to Nelson Lee Protheroe. Mr. and Mrs. Protheroe will live in St. Louis.

On November 20, Margaret Susie Miles, class of 1914, St. Louis Baptist Sanitarium, to Franklin Wood. Mr. and Mrs. Wood will live in Labadie, Mo.

In October, Geraldine Newberry, class of 1915, St. Luke's Hospital, St. Louis, to Shester Rowton. Mr. and Mrs. Rowton will live in Springfield, Mo.

On November 8, Laura Jane Finney, class of 1915, City Hospital, St. Louis, to J. C. Pedman of the Medical Reserve Corps.

On November 14, Alicia Morrow Smith, class of 1911, Orange Memorial Hospital, Orange, N. J., to Leslie P. James. Mr. and Mrs. James will live in Orange.

On November 17, Margaret M. Dawson, of the Visiting Nurses' Settlement, Newark, N. J., graduate of Union Infirmary Fever Hospital, Belfast, Ireland, to V. Cutler Ryerson. Mr. and Mrs. Ryerson will live in Newark.

Recently, Leila Smith, class of 1914, Meriden Hospital, Meriden, Conn., to Sergeant Ben Cleveland of the U. S. Ambulance Corps, No. 323. Miss Smith was formerly a member of the Navy Nurse Corps, Washington, D. C.

On October 20, in Scotland, Mary Banks, Faulkner Hospital, Jamaica Plain, Mass., to Lieutenant Trevelyan MacKenzie, Royal Naval Reserve.

On October 24, at St. Louis, Mo., Mary Van Pelt, class of 1915, Proctor Hospital, Peoria, Ill., to Clyde Berfield, M.D. Dr. and Mrs. Berfield will live in Toulon, Ill.

On November 16, at Peoria, Ill., Hazel B. Phillips, class of 1915, Proctor Hospital, to Gustav Kaemmerling. Mr. and Mrs. Kaemmerling will live in Peoria.

On December 2, in North Platte, Neb., Miriam Davidson, Iowa Methodist Hospital, Des Moines, Iowa, to T. J. Mathers. Mr. and Mrs. Mathers will live in Lexington, Neb.

On December 3, in Omaha, Neb., Nellie M. Mathers, Iowa Methodist Hospital, Des Moines, Iowa, to Lieutenant Ezra M. Davis. Lieutenant and Mrs. Davis will live in Des Moines.

#### DEATHS.

On November 15, at her home in Nutley, N. J., after a long and painful illness, Mrs. Minnie L. FitzPatrick, class of 1893, Orange Memorial Hospital.

In November at Meriden, Conn., Josephine R. Geisler, class of 1913, St. Francis Hospital, Hartford. Miss Geisler did private nursing up to about a year ago, and was much loved by all who knew her. Although a great sufferer during the last year, she leaves a memory of wonderful endurance and patience; she will be sadly missed by all her friends.

On November 11, somewhere in France, of scarlet fever, Miriam E. Knowles, class of 1916, Johns Hopkins Hospital. Miss Knowles went out with the Johns Hopkins Unit.

Recently, Bertha Long, a member of the Raleigh Graduate Nurses' Association, of North Carolina. Miss Long's death was a loss, not only to the friends who loved her, but to the association whose work had her cordial support and heartfelt interest.

## BOOK REVIEWS

**FOOD FOR THE SICK.** By Solomon Strouse, M.D. Associate Attending Physician, The Michael Reese Hospital, Chicago, and Maude A. Perry Dietitian at the Michael Reese Hospital, Chicago. W. B. Saunders Company, Philadelphia. Price, \$1.50.

There are many books on food and the preparation of food for the sick. In this volume, however, we have an old subject presented in a new way. The authors not only give excellent menus but, in an attractive way, the reason for the diet is explained, so that anyone may intelligently follow the instructions. Those diseases in which food plays an important part are discussed in such a way as to make plain the reasons for the dietary rules which follow. First is a brief chapter on Food and Its Uses. This is followed by chapters on Diabetes Mellitus, Gout, Diseases of the Kidneys, Heart, Stomach, Intestines, Liver, Spine, etc. It would seem to be a book useful to many, especially to the patient who is instructed in the details of the disease; the relation of articles of diet to various effects; with enough of the fundamental science to at least partially control his own case. There are no recipes, but balanced nutritious and extensive diet lists, covering a period of days and weeks.

**A TEXT-BOOK OF MATERIA MEDICA FOR NURSES.** By George P. Paul, M.D., C.P.H. (Harvard), State Director, International Health Board, Rockefeller Foundation. Third Edition. W. B. Saunders Company, Philadelphia. Price, \$1.50.

Dr. Paul's former books are so well known that but little need be said regarding this third revision of the *Materia Medica for Nurses*. The whole text has been reviewed and many alterations made. Considerable new material has been added and the drug strengths have been corrected to conform to the changes in the last United States Pharmacopoeia. We bespeak for this book a usefulness commensurate with the present day need of a text thoroughly reliable and dependable.

**OBSTETRICS FOR NURSES.** By Charles B. Reid, M.D., Obstetrician to Wesley Memorial Hospital, Chicago. 130 illustrations. C. V. Mosby Company, St. Louis.

The nursing profession to-day is made up of a body of women scientifically trained in the prophylactic as well as remedial measures for the benefit of mankind. The nurse is an educated woman who is expected to assist the physician with understanding and intelligence. The author says in his preface: "To be a capable and intelligent assistant it is not sufficient to have a clear comprehension of her particular duties, but she must have a defined and critical conception of what the doctor is aiming

to accomplish. She must strive unremittingly to understand the complicated processes that take place under her observation." In this book, which Dr. Reid presents because "none of the existent books seem to exhibit the fulness of information" needed, the text is simple and primary. Constantly reiterated is the admonition to the nurse for surgical cleanliness. The list of supplies needed for labor includes articles not often obtainable in a private home; while the list of linen for sterilization is excessive. The tabulated orders for special conditions and the concise forms for observing and recognizing certain symptoms and conditions can be readily comprehended. The chapter on infant feeding, an important part of the nurse's duties, falls far short of a workable text. The author's apology for a new book on this subject is that he wishes to have a book presenting the matter in his own way.

A TEXT-BOOK OF ANATOMY FOR NURSES. By William Gay Christian, M.D., Professor of Anatomy, Medical College of Virginia, Richmond. Thirty-four original illustrations. C. V. Mosby Company, St. Louis.

This text book claims our attention and is at once favorably listed among the many because of the dedication: "Dedicated to the memory of Edith Cavell, who died for her friends." The text is clear, concise and comprehensive, a book well adapted to the class room for use with laboratory instruction and outside references. The illustrations are well drawn and useful and are especially attractive to nurses because drawn by Helen Lorraine.

Books received for review: From the Macmillan Company, New York: The Modern Milk Problem, J. Scott MacNutt, price, \$2; My Birth, Armenouhie T. Lamson, price, \$1.25; Anatomy and Physiology for Nurses, Percy M. Dawson, M.D., price, \$1.75; Elements of Pediatrics, Rowland Godfrey Freeman, M.D., price, \$2; The Principles of Mental Hygiene, William A. White, M.D., price, \$2; The Mastery of Nervousness, Robert S. Carroll, M.D. From P. Blakiston's Son & Company, Philadelphia: Massage, James B. Mennel, M.D., price, \$3; Surgical Nursing in War, Elizabeth R. Bundy, M.D., price, 75 cents. From G. P. Putnam's Sons, New York: A Dietary Computer, Amy Elizabeth Pope, price, \$1.25; A Text Book of War Nursing, Violetta Thurstan, price, \$1.50. From The Vir Publishing Company, Philadelphia: God's Minute, a Book of Daily Prayers, price, 50 cents; With the Children on Sundays, Sylvanus Stall, price, \$1.50. From Reed & Witting Company, Pittsburgh: Massage, An Elementary Text-Book for Nurses, Nellie Elizabeth Macafee, price, 50 cents.

## OFFICIAL DIRECTORY

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**The American Nurses' Association.**—President, Anne W. Goodrich, R.N., Teachers College, Columbia University, New York. Secretary, Katharine DeWitt, R.N., 45 South Union Street, Rochester, N. Y. Treasurer, Mrs. C. V. Twiss, R.N., 419 West 144th Street, New York, N. Y. Interstate secretary, Adda Eldredge, R.N., 45 South Union Street, Rochester, N. Y. Annual convention to be held in Cleveland, Ohio, May 7-10, 1918. Sections: Private Duty, Chairman, Frances M. Ott, R.N., Morocco, Indiana; Mental Hygiene, Chairman, Elvora Thomson, R.N., 157 East Ohio Street, Chicago; Legislation, Chairman, Anna C. Jamme, R.N., State Board of Health, Sacramento, Calif.

**The National League of Nursing Education.**—President, S. Lillian Clayton, R.N., Philadelphia General Hospital, Philadelphia, Pa. Secretary, Effie J. Taylor, R.N., Johns Hopkins Hospital, Baltimore, Md. Treasurer, M. Helena McMillan, R.N., Presbyterian Hospital, Chicago, Ill. Annual meeting to be held in Cleveland, Ohio, May 7-10, 1918.

**The National Organization for Public Health Nursing.**—President, Mary Beard, R.N., 561 Massachusetts Avenue, Boston, Mass. Secretary, Ella Phillips Crandall, R.N., Council of National Defense, Washington, D. C. Annual meeting to be held in Cleveland, Ohio, May 7-10, 1918.

**National Committee on Red Cross Nursing Service.**—Chairman, Jane A. Delano, R.N., American Red Cross, Washington, D. C.

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## TOO LATE FOR CLASSIFICATION

## VIRGINIA

The Virginia State Board of Examiners of Nurses will hold its semi-annual examination for the registration of applicants at the Medical College of Virginia, on January 29, 30 and 31, 1918.

JULIA MELLICHAMPE, *Secretary-Treasurer.*

## PLANS FOR A RECEIVING HOSPITAL

The Surgeon General of the Army announces the selection of a site for a large receiving hospital for United States soldiers who are disabled in Europe and brought back to this country.

This hospital will be built on the property known as Fox Hills, at Staten Island, N. Y. It will have a capacity of from 1,500 to 2,500 beds. The plans are completed and construction will begin soon.

The establishment of the receiving hospital marks the beginning of a comprehensive plan that is being worked out for the reconstruction and rehabilitation of our soldiers who are disabled in the line of duty. The Staten Island hospital will be used only for purposes of distribution. As the men are received there, they will undergo thorough physical and mental examinations by medical officers and requirements of the individual cases studied. Then, as soon as this is completed, the men will be transferred to a general or special treatment hospital. Here they will be treated by specialists for their particular disability.

During his stay in the hospital the soldier will be given light work which will aid in his convalescence, and where necessary, because of his disability, he will be given special training for new occupations under the direction of vocational experts.

He will be fitted for a trade for which he is peculiarly adapted, and at the time of his discharge it will be the duty of the Government to assist him in returning to his proper place in industry.

The general and special hospitals are now being selected in various parts of the United States. So far as possible, the soldiers will be sent to places near their own homes.—From *Hospital Management*.